2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004050

FILED Apr 02, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA TENNIS CORPORATION

Littly Nan	ie. CENTRA	L FEORIDA TENNIS CORFOR	RATION			
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
4806 DOC ST CLOUD						
Current Mailing Address:			New Mailir	New Mailing Address:		
4806 DOC ST CLOUD						
FEI Number:	26-2543784	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Sta	atus Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
4806 DOC	R, ROBERT DRIVE), FL 34771	US	PFAENDER 4806 DOC ST CLOUD	DRIVE		
The above in the State		submits this statement for the p	ourpose of changing it	s registered office or registere	ed agent, or both,	
SIGNATURE: BOB PFAENDER				04/02/20	09	
	Electron	ic Signature of Registered Age	ent	Date		
OFFICERS	AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS	AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () PFAENDER, BC 4806 DOC DRIV ST CLOUD, FL	/E	Title: Name: Address: City-St-Zip:	() Change () Additi	on	
Title: Name: Address: City-St-Zip:	RAHIMITABAR,	GROVE CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Additi	on	
Title: Name: Address: City-St-Zip:	T () DUCEY, CHRIS 14033 SAN MA' ORLANDO, FL	TEO COURT	Title: Name: Address: City-St-Zip:	()Change ()Additi	on	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Additi LARSEN, MICHELINE 6739 TAMARIND CIRCLE ORLANDO, FL 32819	on	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Additi ANDERSON, DEB 2449 PRAIRIE DUNES CLERMONT, FL 34711	on	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE DUCEY T 04/02/2009