2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N08000007083

Entity Name: KRAFT TENNIS PARTNERS, INC.

Current Principal Place of Business:

5425 FLORENCE POINT DRIVE
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

5425 FLORENCE POINT DRIVE
AMELIA ISLAND, FL 32034

New Mailing Address:

FEI Number: 01-0911152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, PETER B
5425 FLORENCE POINT DRIVE
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSON, PETER
Address: 5425 FLORENCE POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D ( ) Delete
Name: BLANCETT, FRANCES
Address: 1523 PHILLIPS MANOR ROAD
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D ( ) Delete
Name: SCANLAN, PHILLIP
Address: 1832 VILLAGE COURT, OCEAN VILLAGE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D (X) Delete
Name: SCANLAN, JANE
Address: 1832 VILLAGE COURT, OCEAN VILLAGE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D (X) Delete
Name: KAWECKI, JERRY
Address: 4999 SPAINSH OAKS CIRCLE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D (X) Delete
Name: NURSE, LESLIE
Address: 15 ZACHARY COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSON, PETER
Address: 5425 FLORENCE POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: S (X) Change ( ) Addition
Name: BLANCETT, FRANCES
Address: 1523 PHILLIPS MANOR ROAD
City-St-Zip: AMELIA ISLAND, FL 32034

Title: T (X) Change ( ) Addition
Name: SCHICK, ROBERT
Address: 95069 SAN REMO DR.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHNSON, PETER P 05/07/2009

Electronic Signature of Signing Officer or Director — Date