

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007083

FILED
May 21, 2010
Secretary of State

Entity Name: KRAFT TENNIS PARTNERS, INC.

Current Principal Place of Business:

5425 FLORENCE POINT DRIVE
AMELIA ISLAND, FL 32034

New Principal Place of Business:

961023 BUCCANEER TRAIL
FERNANDINA BEACH, FL 32034

Current Mailing Address:

5425 FLORENCE POINT DRIVE
AMELIA ISLAND, FL 32034

New Mailing Address:

P. O. BOX 15376
AMELIA ISLAND, FL 32035

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:

MORRIS, DARLENE A
400 GEORGIA AVENUE
AMELIA ISLAND, FL 32034 US

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: DARLENE MORRIS

05/21/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROGERS, DAVID
Address: 1827 VILLAGE COURT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: S
Name: JANE, SCANLON
Address: 1832 VILLAGE COURT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: T
Name: MORRIS, DARLENE
Address: 400 GEORGIA AVENUE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: MS
Name: MCCOLLUM, BO
Address: 4995 SPANISH OAKS CIRCLE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: FC
Name: CLIFFORD, PATRICIA
Address: 1564 PARK LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MC
Name: NYE, RICH
Address: 4776 AMELIA ISLAND PARKWAY, #34
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby 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 all other like empowered.

SIGNATURE: DARLENE MORRIS

T

05/21/2010

Electronic Signature of Signing Officer or Director

Date