

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002935

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** PACE AREA TENNIS ASSOCIATION, INC.

**Current Principal Place of Business:**

4375 WOODBINE ROAD  
PACE, FL 32571

**New Principal Place of Business:**

4519 WOODBINE ROAD  
PACE, FL 32571

**Current Mailing Address:**

4375 WOODBINE ROAD  
PACE, FL 32571

**New Mailing Address:**

4519 WOODBINE ROAD  
PACE, FL 32571

**FEI Number:** 26-4796142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEAT, TIM  
4375 WOODBINE ROAD  
PACE, FL 32571 US

**Name and Address of New Registered Agent:**

WHEAT, TIM  
4519 WOODBINE ROAD  
PACE, FL 32571 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:

02/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KING, LAURA  
Address: 5112 ROWE TRAIL  
City-St-Zip: MILTON, FL 32571

Title: D  
Name: SASSER, SUSAN  
Address: 5750 TWISTED OAK COURT  
City-St-Zip: PACE, FL 32571

Title: D  
Name: WHEAT, TIM  
Address: 4519 WOODBINE ROAD  
City-St-Zip: PACE, FL 32571

Title: D  
Name: ERICKSON, CONNIE  
Address: 3509 EDINBURGH DRIVE  
City-St-Zip: PACE, FL 32571

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: CONNIE ERICKSON

D

02/27/2011

Electronic Signature of Signing Officer or Director

Date