FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:36

DOCUMENT # **N14221** **(8)**

1. Corporation Name

GREATER SMYRNA TENNIS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
414 MARY AVE. PO BOX 1530 NEW SMYRNA BEACH FL 32170	414 MARY AVE. PO BOX 1530 NEW SMYRNA BEACH FL 32170-1530 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1986
3a. Date of Last Report: 01/31/1994
4. FEI Number: ~~59-0475190~~ 57-2872978 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KENNEDY, DOYLE
414 MARY AVENUE
P.O. BOX 1530
NEW SMYRNA BEACH FL 32170

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	POTEET, JAMES	12 NAME	
STREET ADDRESS	4401 SEA MIST DRIVE	13 STREET ADDRESS	829 7TH AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH FL	14 CITY-ST-ZIP	32169
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	BRIGHTMAN, ANN	22 NAME	JACKIE HERCHEK
STREET ADDRESS	628 GOODWIN	23 STREET ADDRESS	418 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH FL	24 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	PD	31 TITLE	☒ Change ☐ Addition
NAME	MURTHA, J.J.	32 NAME	
STREET ADDRESS	1008 STAGGERBUSH PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	34 CITY-ST-ZIP	32169
TITLE	TD	41 TITLE	PD JOHN ROBINSON ☒ Change ☐ Addition
NAME	HILES, EVA	42 NAME	
STREET ADDRESS	3700 S. ATLANTIC AVE, 107	43 STREET ADDRESS	905 S. ATLANTIC AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL	44 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	PETERSON, PHILIP B	52 NAME	
STREET ADDRESS	418 CANAL ST, P O BOX 428	53 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	54 CITY-ST-ZIP	32169
TITLE	D	61 TITLE	TD ☒ Change ☐ Addition
NAME	STRETCH, MYRNA	62 NAME	
STREET ADDRESS	541 PENINSULA AVE, B5	63 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	64 CITY-ST-ZIP	32169

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Myrna S. Straich Myrna S. Straich 3/27/95 904-423-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR 6100