

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

3. Date Incorporated or Qualified  
**04/08/1986**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2872978**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

Country

29

Zip

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **POTEET, JAMES**

STREET ADDRESS **829 7TH AVE**

CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **SD** ☒ DELETE

NAME **HERCHEK, JACKIE**

STREET ADDRESS **418 QUAY ASSISI**

CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **PD** ☒ DELETE

NAME **MURTHA, J.J.**

STREET ADDRESS **1008 STAGGERBUSH PLACE**

CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **D** ☒ DELETE

NAME **ROBINSON, JOHN**

STREET ADDRESS **905 S ATLANTIC AVE**

CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **D** ☒ DELETE

NAME **PETERSON, PHILIP B**

STREET ADDRESS **418 CANAL ST, P O BOX 428**

CITY-ST-ZIP **NEW SMYRNA BCH. FL**

TITLE **TD** ☐ DELETE

NAME **STRETCH, MYRNA**

STREET ADDRESS **541 PENINSULA AVE, B5**

CITY-ST-ZIP **NEW SMYRNA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**PD**

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**32169**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**SD**

**NICOLE BECKER**

**454 DESOTO DR**

**NEW SMYRNA BEACH, FL 32169**

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**VD**

**JILL FONTE**

**1211 COMMODORE DR**

**NEW SMYRNA BEACH FL 32168**

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**D**

**JOHN DUCKWORTH**

**53 CEDAR DUNES DR**

**NEW SMYRNA BEACH, FL 32169**

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D**

**ROBERT B. SNOW**

**624 E. 3RD AVE**

**NEW SMYRNA BEACH, FL 32169**

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

**541 S. PENINSULA AVE, B5**

☒ Change ☐ Addition

**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)(k), 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. Stretch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MYRNA STREICH, TREAS, 1-15-96, 904-423-9110**

Date

Daytime Phone #

CR2E037 (12/95)