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May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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. 414 MARY AVE.  
PO BOX 1530 PO BOX 1530  
NEW SMYRNA BEACH FL 32170 NEW SMYRNA BEACH FL 32170-1530  
US

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

3. Date Incorporated or Qualified 04/08/1986 3a. Date of Last Report 04/05/1996  
4. FEI Number 59-2872978 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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  
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 reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD POTEET, JAMES  
NAME 829 7TH AVE  
STREET ADDRESS NEW SMYRNA BEACH FL  
CITY-ST-ZIP  
TITLE SD BECKER, NICOLE  
NAME 454 DESOTO DRIVE  
STREET ADDRESS NEW SMYRNA BEACH FL  
CITY-ST-ZIP  
TITLE VD FONTE, JILL  
NAME 1211 COMMODORE DRIVE  
STREET ADDRESS NEW SMYRNA BEACH FL  
CITY-ST-ZIP  
TITLE D DUCKWORTH, JOHN  
NAME 53 CEDAR DUNES DRIVE  
STREET ADDRESS NEW SMYRNA BEACH FL  
CITY-ST-ZIP  
TITLE D SNOW, ROBER B.  
NAME 624 E. 3RD AVENUE  
STREET ADDRESS NEW SMYRNA BCH. FL  
CITY-ST-ZIP  
TITLE TD STRETCH, MYRNA  
NAME 541 S. PENINSULA AVENUE B-5  
STREET ADDRESS NEW SMYRNA BEACH FL  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)