

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90067 027 \*\*\*\*61.25

**DOCUMENT # N14221**

1. Corporation Name

**GREATER SMYRNA TENNIS ASSOCIATION, INCORPORATED**

Principal Place of Business

414 MARY AVE.  
PO BOX 1530  
NEW SMYRNA BEACH FL 32170

Mailing Address

414 MARY AVE.  
PO BOX 1530  
NEW SMYRNA BEACH FL 32170-1530  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/08/1986

4. FEI Number

59-2872978

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

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 VD ☒ DELETE  
NAME MURTHA, J J  
STREET ADDRESS 1008 STAGGERBUSH PL  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE TD ☒ DELETE  
NAME HILE, EVA  
STREET ADDRESS 528 PATRICIA DR  
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE D ☒ DELETE  
NAME BURNETTE, BEN  
STREET ADDRESS 628 GOODWIN AVE  
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE D ☒ DELETE  
NAME JOYCE, CHARLES  
STREET ADDRESS 2000 OLD MISSION RD  
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME DOYLE KENNEDY  
1.3 STREET ADDRESS 2642 SUNSET DR.  
1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168-5610

2.1 TITLE V/D ☒ Change ☐ Addition  
2.2 NAME HARRY DORCY  
2.3 STREET ADDRESS 538 PATRICIA DR 6311 TURTLEMOUND RD  
2.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169-4910

3.1 TITLE S/D ☒ Change ☐ Addition  
3.2 NAME LINDA VANIS  
3.3 STREET ADDRESS 816 FAIRWAY DR  
3.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168-6117

4.1 TITLE T/D ☒ Change ☐ Addition  
4.2 NAME JAKE HUMMEL  
4.3 STREET ADDRESS 810 ISLAND POINT DRIVE  
4.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME BRENDA STRUFFER  
5.3 STREET ADDRESS 230 FAIRGREEN DR  
5.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168-6192

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME MARIO PFISTERER  
6.3 STREET ADDRESS 3001 S. ATLANTIC AVE APT 542  
6.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169-3562

14. I 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, with all other like empowered.

SIGNATURE: Doyle Kennedy as President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DOYLE KENNEDY AS PRESIDENT

4-22-99

Date

904-427-4045

Daytime Phone #

CR2E037 (1/98)

0003260