

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14221

FILED
Apr 22, 2005
Secretary of State

Entity Name: GREATER SMYRNA TENNIS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

414 MARY AVE.
PO BOX 1530
NEW SMYRNA BEACH, FL 321701530 US

New Mailing Address:

FEI Number: 59-2872978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOYLE, KENNEDY
Address: 2642 SUNSET DR
City-St-Zip: NEW SMYRNA BEACH, FL 321685610

Title: SD () Delete
Name: VANIS, LINDA
Address: 816 FAIRWAY DR
City-St-Zip: NEW SMYRNA BEACH, FL 321686117

Title: TD () Delete
Name: HUMMEL, JAKE
Address: 810 ISLAND POINT DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD () Delete
Name: STAUFFER, BRENDA
Address: 230 FAIRGREEN DR
City-St-Zip: NEW SMYRNA BEACH, FL 321686192

Title: D () Delete
Name: PFISTERER, MARIO
Address: 3001 S ATLANTIC AVE APT 542
City-St-Zip: NEW SMYRNA BEACH, FL 321693562

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOYLE KENNEDY

PD

04/22/2005

Electronic Signature of Signing Officer or Director

Date