

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14221

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** GREATER SMYRNA TENNIS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

414 MARY AVE.  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

2642 SUNSET DRIVE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

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

**New Mailing Address:**

2642 SUNSET DRIVE  
NEW SMYRNA BEACH, FL 32168

**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  
2642 SUNSET DRIVE  
NEW SMYRNA BEACH, FL 32168 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

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PRES

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date