2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N22851

Entity Name: CENTRE COURT FACILITIES ASSOCIATION, INC.

Current Principal Place of Business:

266 WILSHIRE BLVD
SUITE 110
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

266 WILSHIRE BLVD
SUITE 110
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2948643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, KIMBERLY
266 WILSHIRE BLVD
SUITE #110
CASSELBERRY, FL 32707 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: VD ( ) Delete
Name: MURGIA, LOUIS
Address: 2948 S SENORAN BLVD #1201
City-St-Zip: ORLANDO, FL 32822

Title: PD ( ) Delete
Name: HUGGINS, CLINTON
Address: 3148 S SENORIAN BLVD #1201
City-St-Zip: ORLANDO, FL 32822

Title: STD ( ) Delete
Name: SMITH, PATRICIA R
Address: 2930 S SEMORAN BLVD. #406
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MURGIA, LOUIS
Address: 2948 S SENORAN BLVD #1201
City-St-Zip: ORLANDO, FL 32822

Title: VD (X) Change ( ) Addition
Name: HUGGINS, CLINTON
Address: 3148 S SENORIAN BLVD #1201
City-St-Zip: ORLANDO, FL 32822

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: LOUIS MURGIA PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date