

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

1/2

**FILED**

07 DEC 31 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N49977**

1. Entity Name  
TALLAHASSEE TENNIS ASSOCIATION, INC.



Principal Place of Business  
P.O. BOX 38415  
TALLAHASSEE, FL 32315 US

Mailing Address  
P.O. BOX 38415  
TALLAHASSEE, FL 32315 US

2. Principal Place of Business - No P.O. Box #  
**FOREST MEADOWS PALM**

3. Mailing Address  
**4950 N. MERIDIAN ROAD**

Suite, Apt. #, etc.  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**



10182007 REIN-NP CR2E099 (1/07)

4. FEI Number  
**59-3139981**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARRIS, MARGARET R  
3705 LONGFORD DRIVE  
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name **DIRKS, PAUL**

Street Address (P.O. Box Number is Not Acceptable)  
**3997 MCWEST COURT**

City **TALLAHASSEE** FL Zip Code **32303**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul E. Dirks* DATE **12/31/2007**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2008, Fee will be \$297.50**

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURHAM, JESSE 629 FOREST LAIR TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD TARTAGLIA, MIKE 5206 RIVIERA DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAMRON, KIM 1624 NORWOOD LANE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DADISMAN, CARROL 1235 LIVE OAK PLANTATION RD. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANDY, LORI 8239 BUCK LAKE DR. TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARSTON, TIM 2002 W. FOREST DRIVE TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'KELLEY, ROBERT 3014 HARBERS FERRY DR TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000115203010 01/15/08--01040--001 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MACFARLAND, KAREN 309 OAKS WILL OT TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 2007**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert O'Kelley* DATE: **12-31-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To Whom It May Concern:

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Upon receipt of the 2<sup>nd</sup> AR notice the TTA treasurer attempted to file on-line unsuccessfully due to on-line problems. We are requesting that you waive the re-instatement fee.

respectively submitted,

Paul E. Nicks  
Executive Director, TTA  
893-2251