

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N50941
1. Entity Name
FLORIDA TENNIS FOUNDATION, INC.



Principal Place of Business
**505 SOUTH FLAGLER DR
STE 1100
WEST PALM BEACH, FL 33401 US**

Mailing Address
**505 SOUTH FLAGLER DR
STE 1100
WEST PALM BEACH, FL 33401 US**



01152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0400848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPER, MARGARET L ESQ
505 SOUTH FLAGLER DR
STE 1100
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREEN, MARIAN
STREET ADDRESS	16 DORCHESTER CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	HALL, DAVID
STREET ADDRESS	3666 N.W. 13TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	NEWFIELD, MARGARET
STREET ADDRESS	9556 CARLISLE AVENUE
CITY-ST-ZIP	SURFSIDE, FL
TITLE	D
NAME	SHEA, ROLLAND
STREET ADDRESS	700 MELROSE AVE., G1
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	S
NAME	COOPER, MARGARET L ESQ
STREET ADDRESS	505 SOUTH FLAGLER DR STE 1100
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000189612
01/24/05-80102-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marian Green **MARIAN GREEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-05 561-691-0681
Date Daytime Phone #