

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004240

FILED
Mar 26, 2005
Secretary of State

Entity Name: EMERALD COAST TENNIS COUNCIL, INC.

Current Principal Place of Business:

4554 REDBUD TRAIL
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

4554 REDBUD TRAIL
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3478987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CZONSTKA, STEVEN
4554 REDBUD TRAIL
NICEVILLE, FL 32578 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: DV () Delete
Name: SEMAN, RICHARD
Address: 45 W AUDREY DRIVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: SD () Delete
Name: BARTHEL, DOUG
Address: 777 BAY DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: PD () Delete
Name: CZONSTKA, STEVEN
Address: 4554 REDBUD TRAIL
City-St-Zip: NICEVILLE, FL 32578

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SEMAN, RICHARD
Address: 45 W AUDREY DRIVE
City-St-Zip: FT WALTON BEACH, FL 32548

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

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

Title: VD () Change (X) Addition
Name: BOGAR, NELLIE
Address: 328 CURACAO WAY
City-St-Zip: NICEVILLE, FL 32578 US

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: STEVEN CZONSTKA

PD

03/26/2005

Electronic Signature of Signing Officer or Director

Date