

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam*</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000400 (8)**  
1. Corporation Name

**TENNIS PATRONS OF GREATER DAYTONA BEACH, INC.**



Principal Place of Business <b>108 EAST ORANGE AVENUE DAYTONA BEACH FL 32114</b>		Mailing Address <b>108 EAST ORANGE AVENUE DAYTONA BEACH FL 32114</b>		3. Date Incorporated or Qualified <b>01/24/1997</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country		4. FEI Number <b>59-3434049</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KELLY, THOMAS C JR.</b> <b>108 EAST ORANGE AVENUE</b> <b>DAYTONA BEACH FL 32114</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b> <b>Johnny Van Session</b> <b>108 East Orange Ave</b> <b>Daytona Beach, FL 32114</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SMITH, JOAN</b> <b>108 EAST ORANGE AVENUE</b> <b>DAYTONA BEACH FL 32114</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b> <b>Brian Davidson</b> <b>108 E. Orange Ave</b> <b>Daytona Beach, FL 32114</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VALENTINE, PADDI</b> <b>108 EAST ORANGE AVENUE</b> <b>DAYTONA BEACH FL 32114</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b> <b>Ed Meeks</b> <b>108 E Orange Ave</b> <b>Daytona Beach, FL 32114</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KELLY, THOMAS A</b> <b>108 EAST ORANGE AVENUE</b> <b>DAYTONA BEACH FL 32114</b> <input type="checkbox"/> DELETE <b>OK</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CALDWELL, PAUL</b> <b>108 EAST ORANGE AVENUE</b> <b>DAYTONA BEACH FL 32114</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CONNORS, MICHELLE</b> <b>108 EAST ORANGE AVENUE</b> <b>DAYTONA BEACH FL 32114</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. Kelly (PRINTED) Thomas A. Kelly 4-9-98 904 239 6627

CR2E037 (10/97)