


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90005 038 ****61.25

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # N97000003911 | | | |  | |
| 1. Entity Name SOUTHEAST HEALTH & RACQUET SPORTS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 14499 N. DALE MABRY HWY., STE. 135 TAMPA, FL 33618 | | | Mailing Address 14499 N. DALE MABRY HWY., STE. 135 TAMPA, FL 33618 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3395157 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WHATLEY, JACQUELINE B 101 EAST KENNEDY BLVD SUITE 1000 TAMPA, FL 33602 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | State FL Zip Code | | |
| 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, 2006 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DP KARSHNER, ROBERT L <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 14499 N. DALE MABRY HWY., STE. 270 | | NAME | 14499 N. Dale Mabry # 135 | |
| STREET ADDRESS | TAMPA, FL 33618 | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | DV CIRULLI, JOSEPH <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 4820 NEWBERRY ROAD | | NAME | | |
| STREET ADDRESS | GAINESVILLE, FL 32607 | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | DST DYER, GEOFFREY <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 3018 HWY 301 N., STE. 950 | | NAME | 140 Fountain Pkwy suite #410 | |
| STREET ADDRESS | TAMPA, FL 33619 | | STREET ADDRESS | St. Petersburg, FL 33716 | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| 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: <i>Robert L. Karshner President</i> | | | 2/27/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |