

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**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**



04122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3395157**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHATLEY, JACQUELINE B  
101 EAST KENNEDY BLVD  
SUITE 1000- 2191  
TAMPA, FL 33602**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000707434  
04/24/07-80072-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARSHNER, ROBERT L 14499 N DALE MABRY, # 135 TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CIRULLI, JOSEPH 4820 NEWBERRY ROAD GAINESVILLE, FL 32607
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DYER, GEOFFREY 140 FOUNTAIN PKWY, STE 410 SAINT PETERSBURG, FL 33716
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 L Karshner* **Robert L. Karshner, Pres.**

*4/12/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #