


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90032 020 \*\*\*\*61.25

<b>DOCUMENT # N97000003911</b> 1. Entity Name <b>SOUTHEAST HEALTH &amp; RACQUET SPORTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>14499 N. DALE MABRY HWY., STE. 135 TAMPA, FL 33618</b>			Mailing Address <b>14499 N. DALE MABRY HWY., STE. 135 TAMPA, FL 33618</b>		
2. Principal Place of Business - No P.O. Box # <b>2720 BROADWAY CENTER BLVD</b>		3. Mailing Address <b>2720 BROADWAY CENTER BLVD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BRANDON, FL</b>		City & State <b>BRANDON, FL</b>		4. FEI Number <b>59-3395157</b>	
Zip <b>33510</b>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WHATLEY, JACQUELINE B 101 EAST KENNEDY BLVD SUITE 1000 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>KARSHNER, ROBERT L</b> <b>14499 N DALE MABRY, # 135</b> <b>TAMPA, FL 33618</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>KARSHNER, ROBERT L.</b> <b>2720 BROADWAY CENTER BLVD</b> <b>BRANDON, FL 33510</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>CIRULLI, JOSEPH</b> <b>4820 NEWBERRY ROAD</b> <b>GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>DYER, GEOFFREY</b> <b>140 FOUNTAIN PKWY, STE 410</b> <b>SAINT PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: Robert L. Karshner Robert L. Karshner</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><b>3/12/08</b></span> <span><b>813-413-3253</b></span> </div> <small>Date Daytime Phone #</small>					

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