FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000063069 (5)**

1. Corporation Name
TENNIS BY THE SEA, INC.

Principal Place of Business
717 BALD EAGLE DRIVE
MARCO ISLAND FL 33937

Mailing Address
717 BALD EAGLE DRIVE
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: **08/15/1995**
3a. Date of Last Report:
4. FEI Number: 65-0601508 — Applied For / Not Applicable
5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees
8. The corporation is liable for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 County 30

9. Name and Address of Current Registered Agent
ROBINSON, DAVID L
420 EDGEWATER COURT
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation's principal place of business is hereby amended to read as follows. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME ROBINSON, CAROL K	☐ DELETE
Street Address	420 EDGEWATER DRIVE	
City, St, Zip	MARCO ISLAND FL 33937	
TITLE		☐ DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		☐ DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		☐ DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		☐ DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		☐ DELETE
NAME		
Street Address		
City, St, Zip		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '97

TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, St, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, St, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, St, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, St, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, St, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, St, Zip	

14. I hereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in any attachment with proper authority.

SIGNATURE: Carol K. Robinson Carol K. Robinson 4-15-96 941-389-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)