

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90248 023 ***150.00

DOCUMENT # S43761

1. Entity Name
TOTAL TENNIS OF SIESTA KEY, INC.



Principal Place of Business Mailing Address
240 AVENIDA MADERA 240 AVENIDA MADERA
SARASOTA, FL 34242 US SARASOTA, FL 34242 US

2. Principal Place of Business Suite, Apt. #, etc.
Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State

City & State

03102006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0256633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERRELLA, PHILIP N.
240 AVENIDA MADERA
SARASOTA, FL 34242

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PERRELLA, PHILIP N.
STREET ADDRESS 240 AVENIDA MADERA
CITY-ST-ZIP SARASOTA, FL ☐ Delete

TITLE DT
NAME LEWIS, CAROLYN H.
STREET ADDRESS 240 AVENIDA MADERA
CITY-ST-ZIP SARASOTA, FL ☐ Delete

TITLE DVP
NAME LEWIS, JEFFERSON R
STREET ADDRESS 240 AVENIDA MADERA
CITY-ST-ZIP SARASOTA, FL 34242 ☐ Delete

TITLE DS
NAME HOWE, MARCIA
STREET ADDRESS 240 AVENIDA MANOR
CITY-ST-ZIP SARASOTA, FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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 information empowered.

SIGNATURE: *X Carolyn H. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN H. LEWIS

X 3/23/06 941 349 7742
Date Daytime Phone #