

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90049 047 ***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: No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02292008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0256633 ☐ 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, or, familiar with, and except the obligations of registered agent

SIGNATURE Signature, Typed or Printed Name of Registered Agent and P.O. # if applicable NONE Registered Agent signature required when no change DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	☐ Delete
NAME	PERRELLA, PHILIP N.	
STREET ADDRESS	240 AVENIDA MADERA	
CITY, ST, ZIP	SARASOTA, FL	
TITLE	DT	☐ Delete
NAME	LEWIS, CAROLYN H.	
STREET ADDRESS	240 AVENIDA MADERA	
CITY, ST, ZIP	SARASOTA, FL	
TITLE	DVP	☐ Delete
NAME	LEWIS, JEFFERSON R	
STREET ADDRESS	240 AVENIDA MADERA	
CITY, ST, ZIP	SARASOTA, FL 34242	
TITLE	DS	☐ Delete
NAME	HOWE, MARCIA	
STREET ADDRESS	240 AVENIDA MANOR	
CITY, ST, ZIP	SARASOTA, FL 34242	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn H. Lewis* **CAROLYN H. LEWIS** **3.3.08** **941 349 7742**
Signature and Typed or Printed Name of Signing Officer or Director Date Current Phone #