

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90031 030 \*\*\*150.00

**DOCUMENT # V23848**

1. Entity Name

OASIS TENNIS CLUB, INC.



Principal Place of Business

4056 PRINCETON ST.  
FT MYERS FL 33901  
US

Mailing Address

~~544 VAL MAR DR~~  
~~FT MYERS FL 33919~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9400 Sarasota Dr.

Suite, Apt. #, etc.

City & State

Knoxville TN

Zip

37923

Country

U.S.



MOORE

CR2E034 (11/03)

4. FEI Number

59-3115375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHORTRIDGE, STEPHEN D.  
13700-5 RALEIGH LANE  
FT. MYERS FL 33919

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME SHORTRIDGE, STEPHEN D  
STREET ADDRESS 13700-5 RALEIGH LN  
CITY-ST-ZIP FT MYERS FL

TITLE VP ☐ Delete

NAME KALPIN, LANNY  
STREET ADDRESS 544 VAL MAR DR  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE T ☐ Delete

NAME SHORTRIDGE, LYNN W  
STREET ADDRESS 13700-5 RALEIGH LN  
CITY-ST-ZIP FT MYERS FL

TITLE S ☐ Delete

NAME PULTE, JUDITH D.  
STREET ADDRESS 544 VAL MAR DR  
CITY-ST-ZIP CAPE CORAL FL

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

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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 exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

*Judith D. Pulte*

Judith D. Pulte

2-2-04

865-357-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #