


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90011 038 ****61.25

DOCUMENT # 732360	
1. Entity Name Maples Tennis Det Soc, Inc 5563 Rattlesnake Trl Maples, FL 34113	

DO NOT WRITE IN THIS SPACE

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

40105513

CR2E037B (5/07)

4. FEI Number 592004987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ELLEN VIENI 5563 Rattlesnake Maples, FL 34113 B39
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Betty Hurst 5563 Rattlesnake Maples, FL 34113 C12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secy./Treasurer Mark Street 5563 Rattlesnake Maples, FL 34113 C18
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Kathleen Sharpe 5563 Rattlesnake Maples, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Duane Heffler 5563 Rattlesnake Maples, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Vieni, ELLEN VIENI, President, 5.23.08 239-521.7461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR