

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002939

**Entity Name:** USTA-FLORIDA SECTION FOUNDATION, INC.**Current Principal Place of Business:**12005 PERFORMANCE DRIVE  
ORLANDO, FL 32827**Current Mailing Address:**12005 PERFORMANCE DRIVE  
ORLANDO, FL 32827 US**FEI Number:** 56-2443059**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOWEN, LAURA  
C/O USTA FLORIDA, 12005 PERFORMANCE DRIVE  
ORLANDO, FL 32827 US*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.***SIGNATURE:** LAURA BOWEN

02/03/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name FOSTER, JUDY  
Address 4807 PEBBLE BROOK DRIVE  
City-State-Zip: OLDSMAR FL 34677

Title TREASURER  
Name BLOOM, AUSTIN  
Address 2155 LAKE BALDWIN LN APT 310  
City-State-Zip: ORLANDO FL 32814

Title PRESIDENT  
Name DAVIS, DONN  
Address 2128 CALCUTTA ROAD  
City-State-Zip: PUNTA GORDA FL 33983

Title DIRECTOR  
Name DECONTI, ELIZABETH  
Address 6404 E. MACLAURIN DRIVE  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name FAULKNER, TRICIA  
Address 280 SEDONA WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name HOROWITZ, NANCY  
Address 11001 NORTHWEST 18TH PLACE  
City-State-Zip: PEMBROKE PINES FL 33026

Title DIRECTOR  
Name HEWITT, SARA  
Address 13993 TAVIN STREET  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name KELLY, JENNA  
Address 124 BOARDWALK AVE  
City-State-Zip: OVIEDO FL 32765

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONN DAVIS**PRESIDENT**

02/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	VACH, RICK
Address	1302 20TH AVENUE N
City-State-Zip:	JACKSONVILLE BEACH FL 32250