

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011446

Entity Name: PALM COAST/FLAGLER FRIENDS OF TENNIS, INC.**Current Principal Place of Business:**106 CLUBHOUSE DRIVE
UNIT 212
PALM COAST, FL 32137**Current Mailing Address:**106 CLUBHOUSE DRIVE
UNIT 212
PALM COAST, FL 32137 US**FEI Number:** 20-3845702**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAGER, STEPHEN E
106 CLUBHOUSE DRIVE
UNIT 212
PALM COAST, FL 32137 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:** STEPHEN E. MAGER

02/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	ATWOOD, JOEL
Address	50 COURTNEY PLACE
City-State-Zip:	PALM COAST FL 32137
Title	PRESIDENT
Name	LIGHTFOOT, AGNES
Address	38 FENWICK LANE
City-State-Zip:	PALM COAST FL 32137
Title	DIRECTOR
Name	GARDNER, NANCY
Address	PO BOX 570
City-State-Zip:	FLAGLER BEACH FL 32136
Title	DIRECTOR
Name	LUTHER, BILL
Address	88 RIVER TRAIL DRIVE
City-State-Zip:	PALM COAST FL 32137

Title	SECRETARY
Name	HARRINGTON, JODY
Address	62 LAKE SUCCESS DR
City-State-Zip:	PALM COAST FL 32137
Title	TREASURER
Name	MAGER, STEPHEN E
Address	106 CLUBHOUSE DRIVE UNIT 212
City-State-Zip:	PALM COAST FL 32137
Title	DIRECTOR
Name	KEGLEY, ADELET
Address	PO BOX 350365
City-State-Zip:	PALM COAST FL 32135
Title	DIRECTOR
Name	MAGER, JEANNE
Address	106 CLUBHOUSE DRIVE UNIT 212
City-State-Zip:	PALM COAST FL 32137

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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: STEPHEN E MAGER

TREASURER

02/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	USZTOK, KAREN
Address	33 FLEMING COURT
City-State-Zip:	PALM COAST FL 32137