

2017 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

01/16/2017

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 SECRETARY
Name HARRINGTON, JODY
Address 62 LAKE SUCCESS DR
City-State-Zip: PALM COAST FL 32137

Title PRESIDENT
Name LIGHTFOOT, AGNES
Address 38 FENWICK LANE
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 MCDANIEL, SKIP
Address 94 OLD OAK DR. S
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 LASCANO, GENE PAUL
Address 24 RIVIERA ESTATES DRIVE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name FORSBURG, KAY
Address 30 EMERALD LAKE DRIVE
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

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KEGLEY, ADELET
Address PO BOX 350365
City-State-Zip: PALM COAST FL 32135

Title DIRECTOR
Name GAGLIANO, JIM
Address 21 PENNSYLVANIA LANE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name LUTHER, BILL
Address 88 RIVER TRAIL DRIVE
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name STANFIELD, DEBBIE
Address 84 ABACUS AVENUE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name GAGLIANO, SANDY
Address 21 PENNSYLVANIA LANE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name NUZZACI, PAT
Address 124 S. RIVERWALK DRIVE
City-State-Zip: PALM COAST FL 32137