

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007083

Entity Name: KRAFT TENNIS PARTNERS, INC.**Current Principal Place of Business:**961023 BUCCANEER TRAIL
FERNANDINA BEACH, FL 32034**Current Mailing Address:**P. O. BOX 15376
AMELIA ISLAND, FL 32035**FEI Number:** 01-0911152**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOMASSETTI & PRINCE
303 CENTRE STREET
STE 203
FERNANDINA BEACH, FL 32034 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:** TERESA PRINCE**03/31/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name RUDOLPH, RICH
Address P. O. BOX 15376
City-State-Zip: AMELIA ISLAND FL 32035

Title VP, DIRECTOR
Name DUCETTE, KELLY
Address P. O. BOX 15376
City-State-Zip: AMELIA ISLAND FL 32035

Title SECRETARY, DIRECTOR
Name RAGAN, SUE
Address P. O. BOX 15376
City-State-Zip: AMELIA ISLAND FL 32035

Title TREASURER, DIRECTOR
Name BERNIER, JAMES T JR.
Address P. O. BOX 15376
City-State-Zip: AMELIA ISLAND FL 32035

Title DIRECTOR
Name WEIHE, DAVID
Address P. O. BOX 15376
City-State-Zip: AMELIA ISLAND FL 32035

Title DIRECTOR
Name CRISP, BARBARA
Address P. O. BOX 15376
City-State-Zip: AMELIA ISLAND FL 32035

Title DIRECTOR
Name STINES, LISA
Address P. O. BOX 15376
City-State-Zip: AMELIA ISLAND FL 32035

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: JAMES BERNIER, JR.**TREASURER****03/31/2025**

Electronic Signature of Signing Officer/Director Detail

Date