

2019 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
406 ASH STREET
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

03/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	RESTIANO, RICHARD
Address	2032 VILLAGE LANE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	S
Name	BREWSTER, DEIRDRE
Address	95178 WILLET WAY
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	T
Name	POSTON, CHRISTINA
Address	2505-B WEST 5TH STREET
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	DIRECTOR
Name	HOLLAND, JAMES
Address	48 BEACH WOOD ROAD
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	VP
Name	SHELTON, SANDRA
Address	2140 TAURUS COURT
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	DIRECTOR
Name	RUDOLPH, BARBARA
Address	1591 REGATTA DRIVE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	DIRECTOR
Name	BARNES, PAUL A
Address	95253 TANGLEWOOD DRIVE
City-State-Zip:	FERNANDINA BEACH FL 32034

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: CHRISTINA POSTON**TREASURER**

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date