

**2023 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:** Yes**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

01/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T, DIRECTOR  
Name CLIFFORD, PATRICIA ANN  
Address 1747 AZALEA STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR, PRESIDENT  
Name KNOCKE, JACK  
Address 2809 OCEANVIEW CT  
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR  
Name BRUNELL, DAVID  
Address 96089 SOAP CREEK DR  
City-State-Zip: FERNANDINA BEACH FL 32034

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

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

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

Title DIRECTOR  
Name DUCETTE, KELLY  
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:** PATRICIA ANN CLIFFORD**TREASURER**

01/22/2023

Electronic Signature of Signing Officer/Director Detail

Date