

2016 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:**SIMON, JOSEPH E
62 LAUREL OAK RD
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:** JOSEPH E SIMON, MD

03/10/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SIMON, JOSEPH
Address	62 LAUREL OAK RD
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	S
Name	MCCALL, ELIZABETH
Address	2883 BREAKERS CT
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	VP
Name	HITCHCOCK, TOM
Address	95158 SUMMERWOOD CIRCLE NO. 2005
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	DIRECTOR
Name	BILLINGS, RICHARD
Address	96216 MARSH LAKES DRIVE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	DIRECTOR
Name	CARTER, RUTH
Address	1525 PERSIMMON CIR N
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	DIRECTOR
Name	ROBERTSON, CYNTHIA
Address	4708 YACHTSMANS 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: JOSEPH E. SIMON, MD

PRESIDENT

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date