

**2014 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:**CLIFFORD, PATRICIA A  
1564 PARK LANE  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	CLIFFORD, PATRICIA
Address	1564 PARK LANE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	S
Name	PAM, REA
Address	602 DATE STREET
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	MS
Name	BARGER, KRIS
Address	86440 MEADOWWOOD DR
City-State-Zip:	YULEE FL 32097

Title	VP
Name	FERDON, RANDY
Address	14 WAX MYRTLE ROAD
City-State-Zip:	AMELIA ISLAND 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:** PATRICIA CLIFFORD**PRESIDENT****02/02/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date