## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(3)

UNITED STATES TENNIS ASSOCIATION-FLORIDA SECTION , INC.				 		
Principa! Place	of Business	Mailing Address				.
SUITE 305 SUITE 305		1280 SW 36 AVE SUITE 305 POMPANO BEACH FL 33				
· Omi Airo E	7000 TOO	TOMINIO BEROTTE SO	003-4000		3. Date Incorporated or Qualified 06/07/1965	3a. Date of Last Report 01/20/1995
Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 23-7161642	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
<b>23</b> Zip	Country	28	Counta		Trust Fund Contribution	Added to Fees
24	Country 25	Zip <b>29</b>	Country 30		8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, L Yes □ No
	9. Name and Address of Currer		- T		10. Name and Address of New Re	<b>X</b>
			81	Name		
CT CORPORATION SYSTEM			82	Street Adding	ss (P.O. Box Number is Not Acceptable	D)
	PINE ISLAND ROAD ITION FL 33324		83			
FUNNIA	MION FL 33324					
e			84	City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above the	named corpora	ation submits this statement for the purp d of directors. I hereby accept the appoi	ose of changing its registered office
familiar wi	th, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	by the corp	Oration's Board	a or directors. Thereby accept the appoi	nument as registereo agent. Fam
SIGNATURE	Signature, typed or printed name of registered agent	10. 14. 1				
12.		D DIRECTORS	13.	it signature required	wher reinstatings  ADDITIONS/CHANGES TO OF It	DATE CERS AND DIRECTORS IN 12
TITLE	VPD	DELETE	1.1 TIFLE	V	PD .	Change Addition
NAME	MILLS, JEAN		1.2 NAME	ਰ	IM VIDAMOUR.	
STREET ADDRESS			1.3 STREET	ADDRESS /	CORPORATE DRIVE	. ~ 1
CrTY-ST-ZiP			1.4 CITY - S	il-zip Pri	KIN CONST, XC 32	151
TITLE			2 1 TO'LE	112	PD ARC WEATHINGTON	I I Change ■ I Addition I
NAME			2 2 NAME	c	12 SOUTH RIDE	
STREET ADDRESS	000000		2.3 STREET	ADDRESS 77	FLLAHASSEE, FL 32	<b>3</b> 03
CITY-ST-ZIP TITLE	S C	DELETE	2. 4 CITY -		5	Change Addition
NAME	WAUGH, EMILY		3.2 NAME	W	MUCY MORGAN	
STREET ADDRESS	3061 HAWKS GLEN		3 3 STREET	ADDRESS 23	395 HAWTHORNE OI	ζ_
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-	ST-ZIP CU	EURWATER, KC 346:	23
TITLE	N. //	DELETE	4.1 TITLE			Change Addition
NAME	SHEAT BOLLIE	572	4. 2 NAME			
STREET ADDRESS	700 MEDROSE AVE DU	uz	4.3 STREET	ADDRESS		i
CITY-ST-ZIP	MUNER PARK PE		4.4 CITY - 5	T-ZIP	MCC/COT (A)	
TITLE NAME	VPD	DELETE	5 1 TITLE		PRESIDENT (P)	Change
STRÉET ADDRESS	DELONG, SUE		5.2 NAME	ADORESC		
CITY-ST-ZIP	AT DETERMINE EL		5.3 STREET		80000173 	<u> </u>
TITLE	TD	DELETE	5.4 CHY - 5	11-217		32003 Change Addition
NAME	COOPER, MARGARET	_	6 2 NAME		***70.00	
STREET ADDRESS	317 CORDOVA RD		6.3 STREET	ADDRESS		j

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Daytime Phone #