

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739743 (3)
1. Corporation Name
THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.



Principal Place of Business: **20680 LINWOOD ROAD EXCELSIOR MN 55331 US**
Mailing Address: **20680 LINWOOD ROAD EXCELSIOR MN 55331 US**

3. Date Incorporated or Qualified: **07/27/1977**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **59-2041901**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip - Country: 24, 25
City & State: 27
Zip - Country: 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLANTE, MARY ANN
1152 NEW YORK AVE.
WINTER PARK FL 32789**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CAMMY	
STREET ADDRESS	20680 LINWOOD ROAD	
CITY - ST - ZIP	EXCELSIOR MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCUTCHEON, JANET	
STREET ADDRESS	2143 SHERIDAN HILLS ROAD	
CITY - ST - ZIP	WAYZATA MN	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SEDWITZ, GINNY	
STREET ADDRESS	201 GENEVA	
CITY - ST - ZIP	BURNSVILLE MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LOIS	
STREET ADDRESS	14823 LAQUINTA LANE	
CITY - ST - ZIP	HOUSTON TX	
TITLE	MC	<input type="checkbox"/> DELETE
NAME	FURTNEY, SUE	
STREET ADDRESS	58630 130TH COURT	
CITY - ST - ZIP	APPLE VALLEY MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	300001737603
4.4 CITY - ST - ZIP	-03/08/96--01100--020
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***\$61.25
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Janet McCutcheon (Janet McCutcheon)* **Feb 3, 1996** (612) 475-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)