

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739743 (3)
1. Corporation Name
THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.



Principal Place of Business 20880 LINWOOD ROAD EXCELSIOR MN 55331 US	Mailing Address 20880 LINWOOD ROAD EXCELSIOR MN 55331-8384 US
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/27/1977	3a. Date of Last Report 03/08/1996
4. FEI Number 59-2041901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	100002224291
	-06/26/97--01006--030
84 City	***61.25 FL
85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIR MARY LENORE BLAIR
NAME	JOHNSON, CAMMY	1.2 NAME	171 Jennings Rd.
STREET ADDRESS	20880 LINWOOD ROAD	1.3 STREET ADDRESS	Cold Spring Harbor, N.Y. 11724
CITY-ST-ZIP	EXCELSIOR MN	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	DR Olga STARK
NAME	MCCUTCHEON, JANET	2.2 NAME	17185 215th St
STREET ADDRESS	2143 SHERIDAN HILLS ROAD	2.3 STREET ADDRESS	BAYSIDE
CITY-ST-ZIP	WAYZATA MN	2.4 CITY-ST-ZIP	NY 11360
TITLE	TD	3.1 TITLE	DIR Lola O'Sullivan
NAME	SEDWITZ, GINNY	3.2 NAME	32-04 160th St.
STREET ADDRESS	201 GENEVA	3.3 STREET ADDRESS	Flushing, NY. 11358
CITY-ST-ZIP	BURNSVILLE MN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	DR DOROTHY WESSER
NAME	WILLIAMS, LOIS	4.2 NAME	138 Pidgeon Hill Rd.
STREET ADDRESS	14823 LAQUINTA LANE	4.3 STREET ADDRESS	Huntington Sta.
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	NY 11746
TITLE	MC	5.1 TITLE	S Lois WILLIAMS
NAME	FURTNEY, SUE	5.2 NAME	14823 Laquinta Lane
STREET ADDRESS	58630 130TH COURT	5.3 STREET ADDRESS	Houston, TX
CITY-ST-ZIP	APPLE VALLEY MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	MC Sue FURTNEY
NAME		6.2 NAME	58630 130th Ct.
STREET ADDRESS		6.3 STREET ADDRESS	Apple Valley, MN.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(i), 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 REQUIRED *M. Blair* 4/26/97 (516) 367-3741

CR2E037 (9/96)