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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739743

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
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2. Principal Place of Business 21 155 NORTHAMPTON RD. Suite, Apt. #, etc. 22	2a. Mailing Address 26 155 NORTHAMPTON RD. Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 07/27/1977
23 AMHERST MA City & State Zip Country 24 01002 25 US	28 AMHERST MA City & State Zip Country 29 01002 30 US	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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, MARY-LENORE	
STREET ADDRESS	171 JENNINGS RD.	
CITY-ST-ZIP	COLD SPRING HARBOR NY 11724	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STARK, OLGA	
STREET ADDRESS	17-85 215TH ST.	
CITY-ST-ZIP	BAYSIDE NY 11360	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'SULLIVAN, LOLA	
STREET ADDRESS	32-04 160TH ST.	
CITY-ST-ZIP	FLUSHING NY 11358	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WASSER, DOROTHY	
STREET ADDRESS	138 PIDGEON HILL RD.	
CITY-ST-ZIP	HUNTINGTON NY 11746	
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 CT.	
CITY-ST-ZIP	APPLE VALLEY MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEACH, LAURINE	
1.3 STREET ADDRESS	40 ROCKPORT RD	
1.4 CITY-ST-ZIP	WESTON MA 02193-1428	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHEPHERD, THEODORA	
2.3 STREET ADDRESS	155 NORTHAMPTON RD	
2.4 CITY-ST-ZIP	AMHERST MA 01002	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHEILA WEINSTOCK	
3.3 STREET ADDRESS	43 CREST RD	
3.4 CITY-ST-ZIP	FRAMINGHAM MA 01702	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FIDURKO, DIANE	
4.3 STREET ADDRESS	356 HILLCREST RD	
4.4 CITY-ST-ZIP	NEEDHAM MA 02192	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

* SIGNATURE: *Katherine Harris* 3-5-99 413-549-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)