

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739743

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: NATIONAL SENIOR WOMEN'S TENNIS ASSOCIATION, INC.

**Current Principal Place of Business:**

100 EVANS LANE  
#305D  
MANALAPAN, FL 33462 US

**New Principal Place of Business:**

2423 SUMMERSET COURT  
LODI, CA 95242 US

**Current Mailing Address:**

100 EVANS LANE  
#305D  
MANALAPAN, FL 33462 US

**New Mailing Address:**

2423 SUMMERSET COURT  
LODI, CA 95242 US

FEI Number: 59-2041901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NICHOLS, CAROLYN  
Address: 2423 SUMMERSET COURT  
City-St-Zip: LODI, CA 94901

Title: T ( ) Delete  
Name: VIEBROCK, TRACY  
Address: 347 NORTH NEW RIVER DRIVE, UNIT 2710  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S ( ) Delete  
Name: GREER, PAT  
Address: 2121 SOUTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: GUNDERSON, BELMAR  
Address: 1052 PIONEER WAY WEST, BOX 455  
City-St-Zip: GENEVA, FL 32732

Title: D ( ) Delete  
Name: PETERSEN, MARIAN  
Address: 1609 N.W. 18TH STREET  
City-St-Zip: BLUE SPRINGS, MO 64015

Title: D ( ) Delete  
Name: WOOD, CAROL  
Address: 11760 GAINESBOROUGH ROAD  
City-St-Zip: ROCKVILLE, MD 20854

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NICHOLS, CAROLYN  
Address: 2423 SUMMERSET COURT  
City-St-Zip: LODI, CA 95242

Title: T (X) Change ( ) Addition  
Name: NUNZIATA, ANN  
Address: 1080 FOURTH AVENUE  
City-St-Zip: NAPA, CA 94559

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLYN NICHOLS

P

03/02/2006

Electronic Signature of Signing Officer or Director

Date