

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744860** (8)

1. Corporation Name

THE TAMPA RACQUET CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5820 N CHURCH AVE
TAMPA FL 33614

5820 N CHURCH AVE
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/08/1978

03/24/1994

4. FEI Number

59-1879087

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARSLOW, BEVERLY
5820 N. CHURCH AVE., APT. 154
TAMPA FL 33614

81 Name

William C. Spivey

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Wise Property mgmt

83

7628 N. 56th St. Suite 8

84 City

Tampa

85 State

FL

86 Zip Code

33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

WILLIAM C. SPIVEY

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: ~~RD~~
NAME: PARLOW, BEVERLY
STREET ADDRESS: 5820 N CHURCH #154
CITY-ST-ZIP: TAMPA FL 33614

1.1 TITLE: VD
1.2 NAME: Rick O'Donnell
1.3 STREET ADDRESS: 5420 N. Church #146
1.4 CITY-ST-ZIP: Tampa, FL 33614
 Change Addition

TITLE: SD
NAME: WHEATON, DAVID
STREET ADDRESS: 5820 N. CHURCH #124
CITY-ST-ZIP: TAMPA FL

2.1 TITLE: SD
2.2 NAME: David Wheaton
2.3 STREET ADDRESS: 5420 N. Church # 124
2.4 CITY-ST-ZIP: Tampa, FL 33614
 Change Addition

TITLE: TD
NAME: CLIF, ERICKSON
STREET ADDRESS: 5820 N. CHURCH
CITY-ST-ZIP: TAMPA FL

3.1 TITLE: TD
3.2 NAME: Jack Walesby
3.3 STREET ADDRESS: 5420 N. Church # 910
3.4 CITY-ST-ZIP: Tampa, FL 33614
 Change Addition

TITLE: VD
NAME: WALESBY, JACK
STREET ADDRESS: 5820 N. CHURCH
CITY-ST-ZIP: TAMPA FL

4.1 TITLE: VD
4.2 NAME: Gary Leroy
4.3 STREET ADDRESS: 5820 N Church # 155
4.4 CITY-ST-ZIP: Tampa FL 33614
 Change Addition

TITLE: B
NAME: MENARD, RICHARD
STREET ADDRESS: 5820 N. CHURCH #121
CITY-ST-ZIP: TAMPA FL

5.1 TITLE: P
5.2 NAME: BEVERLY TIDWELL
5.3 STREET ADDRESS: 333 COMMANCHE
5.4 CITY-ST-ZIP: TAMPA, FL 33604
 Change Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

6.1 TITLE: _____
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 CITY-ST-ZIP: _____
 Change Addition

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 110.07(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:

Beverly Parslow

BEVERLY PARLOW

3-28-95

9757650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name