

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 # 744860 (8)
1. Corporation Name

THE TAMPA RACQUET CLUB ASSOCIATION, INC.



Principal Place of Business: 5820 N CHURCH AVE TAMPA FL 33614
Mailing Address: 7628 N 56TH STREET SUITE 8 TAMPA FL 33614 US

3. Date Incorporated or Qualified: 11/08/1978
3a. Date of Last Report: 04/06/1995

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

4. FEI Number: 59-1879087
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

9. Name and Address of Current Registered Agent
SPIVEY, WILLIAM C
C/O WISE PROPERTY MGMT
7628 N 56TH ST., SUITE 8
TAMPA FL 33617

10. Name and Address of New Registered Agent
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	O'DONNELL, RICK	1.2 NAME	CAVANAUGH, FRANK
STREET ADDRESS	5420 N CHURCH #146	1.3 STREET ADDRESS	6808 TWELVE OAKS BLVD
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	SD	2.1 TITLE	D
NAME	WHEATON, DAVID	2.2 NAME	ABDALA, JOHN
STREET ADDRESS	5820 N. CHURCH #124	2.3 STREET ADDRESS	5820 N. CHURCH AVE # 222
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	TD	3.1 TITLE	D
NAME	WALESBY, JACK	3.2 NAME	AUG, HERBERT
STREET ADDRESS	5420 N CHURCH #310	3.3 STREET ADDRESS	5820 N. CHURCH AVE # 460
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D	4.1 TITLE	
NAME	LEROY, GARY	4.2 NAME	
STREET ADDRESS	5820 N CHURCH #155	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	TIDWELL, BEVERLY	5.2 NAME	
STREET ADDRESS	333 COMMANCHE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	CAVANAUGH, FRANK		
1.3 STREET ADDRESS	6808 TWELVE OAKS BLVD		
1.4 CITY-ST-ZIP	TAMPA, FL 33624		
2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	ABDALA, JOHN		
2.3 STREET ADDRESS	5820 N. CHURCH AVE # 222		
2.4 CITY-ST-ZIP	TAMPA, FL 33614		
3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	AUG, HERBERT		
3.3 STREET ADDRESS	5820 N. CHURCH AVE # 460		
3.4 CITY-ST-ZIP	TAMPA, FL 33614		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 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, changed, or on an attachment with an address.

SIGNATURE: GARY A. LEROY DATE: 4/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)