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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

6820 N CHURCH AVE
TAMPA FL 33614

7628 N 56TH STREET
SUITE B
TAMPA FL 33617-7732
US

3. Date Incorporated or Qualified
11/08/1978

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 7628 N 56TH STREET

22 SUITE B

23 TAMPA, FL

24 33617

25 US

2a. Mailing Address

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4. FEI Number
59-1879087

Applied For
Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, FRANK	
STREET ADDRESS	6808 TWELVE OAKS BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHEATON, DAVID	
STREET ADDRESS	5820 N. CHURCH #124	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALESBY, JACK	
STREET ADDRESS	5420 N CHURCH #310	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEROY, GARY	
STREET ADDRESS	5820 N CHURCH #155	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABDALA, JOHN	
STREET ADDRESS	5820 N CHURCH AVE #222	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PUIG, HERBERT	
STREET ADDRESS	5820 N CHURCH AVE #460	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRINN, R.P.	
1.3 STREET ADDRESS	5820 N. CHURCH AVE # 257	
1.4 CITY-ST-ZIP	TAMPA, FL 33614	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEWART, Tom G.	
2.3 STREET ADDRESS	5820 N. CHURCH AVE # 120	
2.4 CITY-ST-ZIP	TAMPA, FL 33614	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALESBY, JACK	
3.3 STREET ADDRESS	5820 N. CHURCH AVE #310	
3.4 CITY-ST-ZIP	TAMPA, FL 33614	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TAYLOR, GERALD O.	
4.3 STREET ADDRESS	5820 N. CHURCH AVE # 325	
4.4 CITY-ST-ZIP	TAMPA, FL 33614	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ABDALA, JOHN	
5.3 STREET ADDRESS	5820 N. CHURCH AVE # 222	
5.4 CITY-ST-ZIP	TAMPA, FL 33614	
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 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.

SIGNATURE

[Handwritten Signature]

4/9/97

813-988-2684

CP2E037 (9/96)