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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
7628 N 56TH ST SUITE 8 TAMPA FL 33617 US
7628 N 56TH STREET SUITE 8 TAMPA FL 33617 US

3. Date Incorporated or Qualified
11/08/1978

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

24 25 29 30

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 FL 85 Zip Code

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CAVAUGHN, FRANK	1.1 TITLE	PD MURPHY, TIM
NAME	6808 TWELVE OAKS BLVD	1.2 NAME	5820 N. CHURCH AVE #146
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	TAMPA, FL 33614
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD WHEATON, DAVID	2.1 TITLE	TD ECKARD, BRUCE
NAME	5820 N. CHURCH #124	2.2 NAME	5820 N. CHURCH AVE # 448
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	TAMPA, FL 33614
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD WALESBY, JACK	3.1 TITLE	D WALESBY, JACK
NAME	5820 N CHURCH AVE 310	3.2 NAME	5820 N CHURCH AVE #310
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	TAMPA, FL 33614
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D LEROY, GARY	4.1 TITLE	D ATHERTON, JANA
NAME	5820 N CHURCH #155	4.2 NAME	5820 N CHURCH AVE #208
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	TAMPA, FL 33614
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD ABDALA, JOHN	5.1 TITLE	SD ABDALA, JOHN
NAME	5820 N CHURCH AVE #222	5.2 NAME	5820 N CHURCH AVE #222
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	TAMPA, FL 33614
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D STEWART, TOM G	6.1 TITLE	D MCGEE, WILLIAM
NAME	5820 N CHURCH AVE 120	6.2 NAME	4644 WESTFORD CIR
STREET ADDRESS	TAMPA FL	6.3 STREET ADDRESS	TAMPA, FL 33624
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

CR2E037 (10/97)