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**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90005 004 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 744860**

1. Corporation Name

**THE TAMPA RACQUET CLUB ASSOCIATION, INC.**

455191 - 90005 - 4

Principal Place of Business

7628 N 56TH ST  
 SUITE 8  
 TAMPA FL 33617  
 US

Mailing Address

7628 N 56TH STREET  
 SUITE 8  
 TAMPA FL 33617  
 US



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/08/1978

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

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

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  DELETE  
 NAME MURPHY, TIM  
 STREET ADDRESS 5820 N CHURCH AVE #146  
 CITY-ST-ZIP TAMPA FL 33614

TITLE TD  DELETE  
 NAME ECKARD, BRUCE  
 STREET ADDRESS 5820 N CHURCH AVE #448  
 CITY-ST-ZIP TAMPA FL 33614

TITLE D  DELETE  
 NAME WALESBY, JACK  
 STREET ADDRESS 5820 N CHURCH AVE 310  
 CITY-ST-ZIP TAMPA FL 33614

TITLE D  DELETE  
 NAME ATHERTON, JANA  
 STREET ADDRESS 5820 N CHURCH AVE #208  
 CITY-ST-ZIP TAMPA FL 33614

TITLE SD  DELETE  
 NAME ABDALA, JOHN  
 STREET ADDRESS 5820 N CHURCH AVE #222  
 CITY-ST-ZIP TAMPA FL 33614

TITLE D  DELETE  
 NAME MCGEE, WILLIAM  
 STREET ADDRESS 4644 WESTFORD CIRCLE  
 CITY-ST-ZIP TAMPA FL 33624

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME **CMBS, Billy W.**  
 1.3 STREET ADDRESS **920 S. ROSE AVE**  
 1.4 CITY-ST-ZIP **TAMPA, FL 33606**

2.1 TITLE  Change  Addition  
 2.2 NAME **ECKARD, BRUCE**  
 2.3 STREET ADDRESS **4029 PRIORY CIR**  
 2.4 CITY-ST-ZIP **TAMPA, FL 33624**

3.1 TITLE  Change  Addition  
 3.2 NAME **WOOD, BETTY**  
 3.3 STREET ADDRESS **5820 N. CHURCH AVE #345A**  
 3.4 CITY-ST-ZIP **TAMPA, FL 33614**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99  
 DATE

Daytime Phone #

CR2E037 (1/98)