

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90215 030 ****70.00

DOCUMENT # 744860

1. Entity Name

THE TAMPA RACQUET CLUB ASSOCIATION, INC.

Principal Place of Business

16105 N FLORIDA
 STE A
 LUTZ FL 33549
 US

Mailing Address

16105 N FLORIDA
 STE A
 LUTZ FL 33549
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1879087

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIVEY, WILLIAM C
16105 N FLORIDA
STE A
LUTZ, FL 33549

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$61.25!

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, TIM	
STREET ADDRESS	5820 N CHURCH AVE #146	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CESARE, JACK	
STREET ADDRESS	5820 N CHURCH #317	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALESBY, JACK	
STREET ADDRESS	5820 N CHURCH AVE 310	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBARDS, JIM	
STREET ADDRESS	5820 N CHURCH #138	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABDALA, JOHN	
STREET ADDRESS	5820 N CHURCH AVE #222	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEATON, DAVID W	
STREET ADDRESS	5820 N CHURCH #124	
CITY-ST-ZIP	TAMPA FL 33614-5640	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM DWYER	
STREET ADDRESS	5820 N. CHURCH #221	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MANZOLICCO	
STREET ADDRESS	5820 N. CHURCH 348	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER WOODST	
STREET ADDRESS	6306 N. WOODLYNNE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY RUSSO	
STREET ADDRESS	5820 N. CHURCH 236	
CITY-ST-ZIP	TAMPA FL 33614	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

4-11-02

CR2E037 (9/01)

RUN DATE: 3/26/02
RUN TIME: 9:52 AM

Attachment
744860
TAMPA RACQUET CLUB ASSN., A CONDOMINIUM
BOARD/COMMITTEE MEMBERS REPORT AS OF 03/26/02

PAGE 1

NAME/ADDRESS

TITLE

TERM EXPIRATION

CLASS: PRESIDENT

TIMOTHY MURPHY
5820 N Church Ave #146
Tampa FL 33614-5640
President
WORK PHONE: 813-884-7589
HOME PHONE: 813-988-3684
January 2003

CLASS: VICE PRESIDENT

JIM ROBARDS
5820 N Church Ave #138
Tampa FL 33614
Vice President
WORK PHONE:
HOME PHONE: 813-910-9106
January 2003

CLASS: TREASURER

TOM DWYER
5820 N Church Ave #221
Tampa FL 33614
Treasurer
WORK PHONE:
HOME PHONE: 813-886-6447
January 2003

CLASS: SECRETARY

~~JOHN (TINO) MANZOLILLO
5820 N. Church Avenue #348
Tampa FL 33614-1833
Secretary
WORK PHONE: 813-885-7041
HOME PHONE: 813-884-8880
January 2003~~

CLASS: DIRECTOR

WALTER WOLCOT
6306 N. Woodlynne Avenue
(5820 N. Church Avenue #102)
Tampa FL 33614
Director
WORK PHONE:
HOME PHONE: 813-348-6321
January 2003

KATHY RUSSO
5820 N. Church Street, #236
Tampa FL 33614
Director
WORK PHONE:
HOME PHONE: 904-821-4080
January 2003

KATHRYN TAYLOR
5820 N. Church Street, #238
Tampa FL 33614
Director
WORK PHONE:
HOME PHONE: 813-887-3418
January 2003

-- End of report --