


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90065 033 \*\*\*\*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 Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

03042005 Chg-NP CR2E037 (10/03)

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

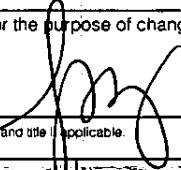
7. Name and Address of New Registered Agent

Name **STEVEN MEZER**

Street Address (P.O. Box Number is Not Acceptable)  
**220 S. FRANKLIN**

City **TAMPA** FL Zip Code **33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **STEVEN A. MEZER** DATE **3/17/05**

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	TD WHEATON, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	5820 N. CHUCH #124	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE NAME	D KENNEDY, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	5820 N. CHURCH 128	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE NAME	PD MANZOLILLO, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	5820 N CHURCH 348	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE NAME	SD DEVITO, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	5820 N. CHUC #242	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE NAME	VD STEWART, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	5820 N. CHURCH #120	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE NAME	D KENNEY, JERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:  **John Manzullo president March 23, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #