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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N27341**

1. Corporation Name
RACQUET CLUB MEMBERS, INC.

Principal Place of Business	Mailing Address
170 47TH AVENUE N.E. ST. PETERSBURG FL 33703	170 47TH AVENUE N.E. ST. PETERSBURG FL 33703

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/11/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2913656 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KARVONEN, JOHN E.
SUITE 410,FLORIDA FEDERAL BUILDING NE
3637 FOURTH STREET NORTH
ST. PETERSBURG FL 33704

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	TUSHAUS, BRADLEY C		1.2 NAME	C.O. Ritch	
STREET ADDRESS	8007 17TH WAY N		1.3 STREET ADDRESS	971 Water Lily Ct. NE	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	DP	☒ DELETE	2.1 TITLE	D,	☐ Change ☒ Addition
NAME	FLYNN, RUSS		2.2 NAME	Carol Swanick	
STREET ADDRESS	8745 MACOMA DRIVE		2.3 STREET ADDRESS	8900 14 St. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702		2.4 CITY-ST-ZIP	St. Petersburg FL 33702	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRAIG, MARSHALL		3.2 NAME		
STREET ADDRESS	706 19TH AVE. N.E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE	D,T	☒ Change ☐ Addition
NAME	STEWART, TOM		4.2 NAME		
STREET ADDRESS	8762-15 LANE N		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D,V	☒ Change ☐ Addition
NAME	GODWIN, PHYLLIS		5.2 NAME		
STREET ADDRESS	105 ESTADO WAY, NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SAYLER, JANE		6.2 NAME		
STREET ADDRESS	7430 18 STREET NE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		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: SIGNATURE REQUIRED 4/9/99 727/527-6553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C.O. Ritch, President

CR2E037 (11/98)