

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000267 (3)**

1. Corporation Name

**NORTH PALM BEACH COUNTY WOMEN'S TENNIS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

16599 NARROWS DR  
JUPITER FL 33477

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JUPITER FL 33477

3. Date Incorporated or Qualified  
**01/19/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number **EIN 65-0500016**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATHEWS, GEORGE W III  
1325 S CONGRESS AVE, 1325  
BOYNTON BEACH FL 33426**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  DELETE  
NAME **HERTEL, SHIRLEY**  
STREET ADDRESS **16599 NARROWS DR**  
CITY-ST-ZIP **JUPITER FL 33477**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DV**  DELETE  
NAME **JOSLYN, LISA**  
STREET ADDRESS **91 YACHT CLUB PL**  
CITY-ST-ZIP **TEQUESTA FL 33469**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DS**  DELETE  
NAME **BROCK, LINDA**  
STREET ADDRESS **836 LAKESIDE DR**  
CITY-ST-ZIP **N PALM BEACH FL 33408**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DT**  DELETE  
NAME **KRAUSE, MEG**  
STREET ADDRESS **1520 MEDITERRANEAN RD**  
CITY-ST-ZIP **W PALM BEACH FL 33406**

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

TITLE **D**  DELETE  
NAME **HILL, BARBARA**  
STREET ADDRESS **3 WYCLIFF RD**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **SHIRLEY HERTEL Shirley Hertel** 3/16/96 407 744-0963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)