

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000267 (3)
1. Corporation Name
NORTH PALM BEACH COUNTY WOMEN'S TENNIS ASSOCIATION, INC.



Principal Place of Business 16599 NARROWS DR JUPITER FL 33477	Mailing Address 16599 NARROWS DR JUPITER FL 33477-1362
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/19/1995	3a. Date of Last Report 03/21/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0500016	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MATHEWS, GEORGE W III 1325 S CONGRESS AVE, 1325 BOYNTON BEACH FL 33426		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERTEL, SHIRLEY		1.2 NAME	
STREET ADDRESS 16599 NARROWS DR		1.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL 33477		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSLYN, LISA		2.2 NAME	DV
STREET ADDRESS 91 YACHT CLUB PL		2.3 STREET ADDRESS	GINGER LOGAN
CITY-ST-ZIP TEQUESTA FL 33469		2.4 CITY-ST-ZIP	1788 BRIAN WAY JUPITER, FL 33478
TITLE DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROCK, LINDA		3.2 NAME	DS
STREET ADDRESS 836 LAKESIDE DR		3.3 STREET ADDRESS	ELAINE FELDMESSER
CITY-ST-ZIP N PALM BEACH FL 33408		3.4 CITY-ST-ZIP	3 ALNWICK RD PALM BEACH GARDENS FL 33418
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRAUSE, MEG		4.2 NAME	
STREET ADDRESS 1520 MEDITERRANEAN RD		4.3 STREET ADDRESS	
CITY-ST-ZIP W PALM BEACH FL 33406		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILL, BARBARA		5.2 NAME	
STREET ADDRESS 3 WYCLIFF RD		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Shirley Hertel* **SHIRLEY HERTEL** Date: **1/28/97** Daytime Phone # **0044595**

CFR2E037 (9/96)