

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90080 009 ****61.25

DOCUMENT # N95000000267

1. Entity Name
**NORTH PALM BEACH COUNTY WOMEN'S TENNIS ASSOCIATI
 ON, INC.**

Principal Place of Business Mailing Address
 178 THORNTON DRIVE 178 THORNTON DRIVE
 WEST PALM BEACH FL 33418 WEST PALM BEACH FL 33418

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0500016** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent
MATHEWS, GEORGE W III
1325 S CONGRESS AVE, 1325
BOYNTON BEACH FL 33426

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

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 NAME STREET ADDRESS CITY-ST-ZIP | TD MOSTEL, SUSAN 178 THORNTON DR WEST PALM BEACH FL 33418 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | Treas Shirley Nextel 16599 Narraus Ln Jupiter Is 33477 |
| | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AD JOSLYN, LISA 91 YACHT CLUB PL TEQUESTA FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | VPD Jane Pfaffenberger 304 Kelsey Park Cir P-66, Is 33410 |
| | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOGAN, GINGER 17888 BRIAN WAY JUPITER FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | AD |
| | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DEAN, LINDA 152 N. RIVER DRIVE E. JUPITER FL 33458 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | PD |
| | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FELDMESSER, ELAINE 3 ALUWICK RD PALM BEACH GARDENS FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | Secretary Susan Smith 354 Halfview rd #305 N. Palm Beach Is 33408 |
| | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Susan Smith Date: 1/15/02 Phone: 561-744-0963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)