

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 13, 2009
Secretary of State**

DOCUMENT# N95000000267

Entity Name: NORTH PALM BEACH COUNTY WOMEN'S TENNIS ASSOCIATION, INC.**Current Principal Place of Business:**4460 RIVER PINES CT
JUPITER, FL 33469**New Principal Place of Business:****Current Mailing Address:**4460 RIVER PINES CT
JUPITER, FL 33469**New Mailing Address:**

FEI Number: 65-0500016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MATHEWS, GEORGE W III
1325 S CONGRESS AVE, 1325
BOYNTON BEACH, FL 33426 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: EWOLDT, TINA
Address: 4460 RIVER PINES CT
City-St-Zip: JUPITER, FL 33469Title: SD () Delete
Name: ROBINSON, KATHY
Address: 11298 ROSELYNN WAY
City-St-Zip: LAKE WORTH, FL 33449Title: TD () Delete
Name: EVELYN, SHEILA
Address: 1300 WOOD ROW WAY
City-St-Zip: WELLINGTON, FL 33414Title: VPD () Delete
Name: LANIER, MATILDE
Address: 8300 STEEPLECHASE
City-St-Zip: PALM BEACH GARDENS, FL 33418**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: SELTZER, LAURIE
Address: 139 ABONDANCE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA EWOLDT

PD

11/13/2009

Electronic Signature of Signing Officer or Director_____
Date