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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000002881

1. Corporation Name

UNITED STATES CROQUET ASSOCIATION, INC.

Principal Place of Business
11558 POLO CLUB RD.
WEST PALM BEACH FL 33414

Mailing Address
11558 POLO CLUB RD.
WEST PALM BEACH FL 33414

549548 90038 - 16



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/31/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

13-2970598

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME BELL, RAY
STREET ADDRESS 2219 E. EARLL DR.
CITY-ST-ZIP PHOENIX AZ 85016

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

TITLE P DELETE
NAME MAHONEY, DANIEL J. III
STREET ADDRESS 234 EL BRILLO
CITY-ST-ZIP PALM BEACH FL 33480

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

TITLE D DELETE
NAME BIDENCOPE, DAMON
STREET ADDRESS 2500 MONTROSE CT.
CITY-ST-ZIP CHARLOTTE NC 28207

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

TITLE D DELETE
NAME BRACKETT, RICHARD
STREET ADDRESS 245 E. 63RD ST., #32C
CITY-ST-ZIP NEW YORK NY 10021

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

TITLE S DELETE
NAME ROBINSON, ANNE FROST
STREET ADDRESS 21 VINCENT AVENUE
CITY-ST-ZIP ONTARIO CA LOS I

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

TITLE D DELETE
NAME HUGHES, JAMES H.U.
STREET ADDRESS 238 OLD KENNETT RD.
CITY-ST-ZIP KENNETT SQUARE PA 19348

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Daniel J. Mahoney III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/99
Date

561-753-9141
Daytime Phone #

CR2E037 (1/98)

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