

FILE NOW: FILING FEE IS \$61.25

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**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02755 (7)
1. Corporation Name
ISREAL TENNIS CENTERS ASSOCIATION, INC.



Principal Place of Business 2151 W. HILLSBORO BLVD STE 100 DEERFIELD BEACH FL 33442-1275	Mailing Address 2151 W. HILLSBORO BLVD STE 100 DEERFIELD BEACH FL 33442-1275
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3. Date Incorporated or Qualified 07/19/1984	
4. FEI Number 13-2961273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent
**LECKER, STEPHEN
3450 S OCEAN BLVD #606
HIGHLAND BCH FL 33487**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSENSON, HAROLD
STREET ADDRESS	2100 MAGNOLIA LANE
CITY-ST-ZIP	HIGHLAND PK IL
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDNER, ALAN
STREET ADDRESS	18 MAPLE TERRACE
CITY-ST-ZIP	MAPLEWOOD NY
TITLE	VP <input type="checkbox"/> DELETE
NAME	COHEN, MAURICE
STREET ADDRESS	11 PARTRIDGE CIRCLE
CITY-ST-ZIP	PORTLAND ME
TITLE	D <input type="checkbox"/> DELETE
NAME	SELATI, SYDNEY
STREET ADDRESS	1265 LA JOLLA RANCHO RD
CITY-ST-ZIP	LA JOLLA CA
TITLE	VP <input type="checkbox"/> DELETE
NAME	LIPPY, SANDRA
STREET ADDRESS	298 HAWTHORNE LN
CITY-ST-ZIP	WARREN OH
TITLE	S <input type="checkbox"/> DELETE
NAME	KEEFER, JOYCE E
STREET ADDRESS	1221 OCEAN AVE, #1003
CITY-ST-ZIP	SANTA MONICA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **SIGNATURE REQUIRED** ALAN GOLDNER 1/15/98 954-480-6333

CR2E037 (10/97)