

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739743 (3)**  
1. Corporation Name  
**THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.**



Principal Place of Business <b>20880 LINWOOD ROAD EXCELSIOR MN 55331 US</b>	Mailing Address <b>20880 LINWOOD ROAD EXCELSIOR MN 55331-8384 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/27/1977</b>	3a. Date of Last Report <b>03/08/1996</b>
4. FEI Number <b>59-2041901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. 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  
**PLANTE, MARY ANN  
1152 NEW YORK AVE.  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **100002224291**  
**-06/26/97--01006--030**  
84 City **\*\*\*61.25** 85 Zip Code **FL**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JOHNSON, CAMMY 20880 LINWOOD ROAD EXCELSIOR MN</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCCUTCHEON, JANET 2143 SHERIDAN HILLS ROAD WAYZATA MN</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SEDWITZ, GINNY 201 GENEVA BURNSVILLE MN</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WILLIAMS, LOIS 14823 LAQUINTA LANE HOUSTON TX</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MC FURTNEY, SUE 58630 130TH COURT APPLE VALLEY MN</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<b>DIR</b>	<b>MARY LENORE BLAIR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 171 Jennings Rd. Cold Spring Harbor, N.Y. 11724
<b>DR</b>	<b>Olga STARIK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17185 215th St Bayside NY 11360
<b>DIR</b>	<b>Lola O'Sullivan</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 32-04 160th St. Flushing, NY. 11358
<b>TO</b>	<b>Dorothy WESSER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 138 Pidgeon Hill Rd. Huntington Sta. NY 11746
<b>S</b>	<b>Lors Williams</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 14823 Laquinta Lane Houston, TX
<b>MC</b>	<b>Sue FURTNEY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 58630 130th Ct. Apple Valley, MN.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 *M. Palm* 4/26/97 (516) 367-3741

CR2E037 (9/96)