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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709091 (3)

1. Corporation Name
UNITED STATES TENNIS ASSOCIATION-FLORIDA SECTION, INC.

Principal Place of Business Mailing Address

1280 SW 36 AVE SUITE 305 POMPANO BEACH FL 33069-4868

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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified
06/07/1965

4. FEI Number
23-7161642

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

I, 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

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MILLS, JEAN	
STREET ADDRESS	5247 TENNIS LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VIDAMOUR, JIM	
STREET ADDRESS	1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, NANCY	
STREET ADDRESS	2395 HAWTHORNE DR	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DELONG, SUE	
STREET ADDRESS	4025 17ST. N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOPER, MARGARET	
STREET ADDRESS	317 CORDOVA RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WEATHINGTON, CARL	
STREET ADDRESS	512 S RIDE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33484 (D)	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELAINE JAROSKI	
2.3 STREET ADDRESS	941 MONTEGO CT	
2.4 CITY-ST-ZIP	MARLBOROUGH, MA 01923	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MATT KRASOWSKI	
3.3 STREET ADDRESS	557 SANDY OAKS BLVD	
3.4 CITY-ST-ZIP	ORLANDO BEACH, FL 32174	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CELIA REHM	
4.3 STREET ADDRESS	2882 PLUMMER'S COVE RD	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
5.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRUCE BOIKO	
5.3 STREET ADDRESS	13400 SW 63 AVE	
5.4 CITY-ST-ZIP	MIRAMONTE, CA 92656	
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: **JUDITH BOOTH, EXECUTIVE DIRECTOR, 1/5/98 (954) 968-3434**

CR2E037 (10/97)