

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 739743 (3)

1. Corporation Name
THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.



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|--|--|
| Principal Place of Business 20680 LINWOOD ROAD EXCELSIOR MN 55331 US | Mailing Address 20680 LINWOOD ROAD EXCELSIOR MN 55331 US |
|--|--|

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 07/27/1977 | | |
| 4. FEI Number 59-2041901 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 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 type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

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 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAIR, MARY-LENORE | 1.2 NAME | |
| STREET ADDRESS | 171 JENNINGS RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLD SPRING HARBOR NY 11724 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STARK, OLGA | 2.2 NAME | |
| STREET ADDRESS | 17-85 215TH ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BAYSIDE NY 11360 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'SULLIVAN, LOLA | 3.2 NAME | |
| STREET ADDRESS | 32-04 180TH ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FLUSHING NY 11358 | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WASSER, DOROTHY | 4.2 NAME | |
| STREET ADDRESS | 138 PIDGEON HILL RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HUNTINGTON NY 11746 | 4.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, LOIS | 5.2 NAME | |
| STREET ADDRESS | 14823 LAQUINTA LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 5.4 CITY-ST-ZIP | |
| TITLE | MC <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FURNEY, SUE | 6.2 NAME | |
| STREET ADDRESS | 58830 130TH CT. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | APPLE VALLEY MN | 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: *M. Blair* MARY-LENORE BLAIR 4/16/98 (516)367-3746

CR2E037 (10/97)