02-27-1999 90054 039 \*\*\*\*61.25

## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

	1999 DIVISION OF CORPORATIONS				ONS	02-27-1999 90054 039 ****61.25					
DOCU 1. Corporation	MENT # 73	7753			-		·				
LAUDER	DALE TENNIS CLU	JB, INC.									
Principal Place	e of Business		Mailing Address								
600 Tennis Club dr Ft. Lauderdale Fl 33311 US			600 Tennis Club dr FT. Lauderdale FL 33311 US								
2 Principal P	Inco of Rusiness	2:	a. Mailing Address			<del></del>		Date Incorporated or Qualifed			
Principal Place of Business 21			26					01/06/1977			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4: FEI Number		Applied For	
22		27						59-1890729		Not Applicable	
City & State			City & State					5. Certifcate of Status Desired		Additional Required	
Zip	Country		Zip Cour					6. Election Campaign Financing		May Be	
24	25	<u> </u>	30				Trust Fund Contribution  10. Name and Address of New Re		d to Fees		
Name and Address of Current Registered Agent						81 Name					
OUEDVILLEUM						DO SON NO					
CHERYL LEVIN					82 Street Address (P.O. Box Number is Not Acceptable)						
10226 NW 47 STREET SUNRISE FL 33351				83			-				
SUMMISE PL 33331					84 City 85 Zip Co			Code			
	•				1 1	-			FL		
11. Pursuant office or reagent. I a	to the provisions of Section egistered agent, or both, m familiar with, and acce	ons 617.0502 and in the State of Flor ot the obligations of	617.1508, Florida Statute rida. Such change was au of, Section 617.0503, Flori	s, the a thorize da Sta	above d by tutes.	e-named of the corpo	corpor oration	ation submits this statement for the pi 's board of directors. I hereby accept	urpose of changing i the appointment as	ts registered registered	
SIGNATURE									DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ret  12. OFFICERS AND DIRECTORS					gistered Agent signature required w 13.			ADDITIONS/CHANGES TO OFFI		ORS IN 12	
TITLE	PD	FICENS AND DIN	DELETE	1.1 T	ITLE		Р	resident	Change		
NAME	LIN, RICHARD			1.2 N				ggs, Lawrence	· / /		
STREET ADDRESS	600 TENNIS CLUB DR			1.3 \$				O Tennis Club Dr	•		
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 0	ITY-S1	r-ZIP	Ft	. Lauderdale, FL	33311		
TITLE	VPD DELETE			2.1 T	2.1 TTLE		V:	ice President	Change	e	
NAME	RIGGS, LARRY			2.2 N	AME			aughter, David			
STREET ADDRESS	600 TENNIS CLUB D			2.3 9	TREET	ADDRESS		00 Tennis Club Di		ŀ	
CITY-ST-ZIP	FT. LAUDERDALE FL	33311	□ oct ctr	_	CITY-S	T-ZIP		t Lauderdale, Fl	L 33311 Change	Addition	
TITLE	SD		☐ DELETÉ	3.1 T				ecretary	- Criting		
NAME	BECK, MARY 600 TENNIS CLUB D	D			IAME TREET	ADDRESS		elma M. Semlear		ļ	
STREET ADDRESS	FT. LAUDERDALE FL			1	ATY-S		600	O Tennis Club Dr		. · [	
C/TY-ST-ZIP	TI CAUDENDALE FL		☐ DELETE	4.1 T			F t	. Lauderdale, FL	Change	Addition	
NAME				4.21	AME					ŀ	
STREET ANNRESS				4,3 9	TREET	ADDRESS				ļ	

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ DELETE

DELETE

Addition |

☐ Addition

☐ Change

☐ Change