

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90094 013 \*\*\*\*61.25

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**DOCUMENT # 741886**

1. Corporation Name

**WINTER PARK RACQUET CLUB, INC.**

Principal Place of Business

2111 VIA TUSCANY  
PO BOX 2830  
WINTER PARK FL 32790

Mailing Address

2111 VIA TUSCANY  
PO BOX 2830  
WINTER PARK FL 32790



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/06/1978

4. FEI Number

59-0733013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCNAIR, BILLY C  
2111 VIA TUSCANY  
WINTER PARK FL 32790

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☒ DELETE  
NAME **MARTIN, JOHN W**  
STREET ADDRESS **1223 SHARON PLACE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **PD** ☒ DELETE  
NAME **HOSTETTER, H. B**  
STREET ADDRESS **1922 TEMPLE DRIVE**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE **SD** ☐ DELETE  
NAME **BLACKWELL, JULIE M**  
STREET ADDRESS **1624 ROUNDELAY LANE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **DVP** ☒ DELETE  
NAME **NEINKEN, H. ROBERT**  
STREET ADDRESS **1136 HOWELL BRANCH ROAD**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DVP** ☐ Change ☒ Addition  
1.2 NAME **STEVEN R. BECHTEL**  
1.3 STREET ADDRESS **P.O. Box 2854**  
1.4 CITY-ST-ZIP **Orlando, FL 32802**

2.1 TITLE **DT** ☐ Change ☒ Addition  
2.2 NAME **CHARLES W. PUCKETT**  
2.3 STREET ADDRESS **1345 Place Picardy**  
2.4 CITY-ST-ZIP **Winter Park, FL 32789**

3.1 TITLE **PD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **DENNIS CASEY**  
4.3 STREET ADDRESS **360 E. Trotters Drive**  
4.4 CITY-ST-ZIP **Maitland, FL 32751**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 817, 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.

SIGNATURE:

**Julie M. Blackwell**  
Julie M. Blackwell, President

4/16/99

Date

407-644-2226

Daytime Phone #

CR2E037 (11/98)