


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90055 033 ****61.25

0098321

DOCUMENT # 739743
1. Entity Name
THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.



Principal Place of Business
515 NORTH SHORE ROAD
LAKE OSWEGO OR 97034
US

Mailing Address
PO BOX 142
LAKE OSWEGO OR 97034
US

2. Principal Place of Business
100 Evans Lane #305D

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Manalapan FL

City & State

Zip
33462

Country
USA

4. FEI Number 59-2041901

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
PLANTE, MARY ANN
1152 NEW YORK AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary Ann Plante* DATE 3-20-03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, MARGARET	
STREET ADDRESS	515 NORTH SHORE ROAD	
CITY-ST-ZIP	LAKE OSWEGO OR 97034	
TITLE	T	<input type="checkbox"/> Delete
NAME	KASH, KRIS	
STREET ADDRESS	11960 SW FINCH AVENUE	
CITY-ST-ZIP	BEAVERTON OR 97007	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOTKE, JOAN	
STREET ADDRESS	4339 134TH PLACE SE	
CITY-ST-ZIP	BELLEVUE WA 98006	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNLOP, KAREN	
STREET ADDRESS	18529-186TH PLACE NE	
CITY-ST-ZIP	WOODINVILLE WA 98072	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOYCE	
STREET ADDRESS	13739-15TH STREET NE, SUITE B12	
CITY-ST-ZIP	SEATTLE WA 98125	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREBS, VIRGINIA	
STREET ADDRESS	1819-41ST AVENUE EAST	
CITY-ST-ZIP	SEATTLE WA 98112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Wilson	
STREET ADDRESS	100 Evans Lane #305D	
CITY-ST-ZIP	Manalapan, FL 33462	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lufendig	
STREET ADDRESS	102 Virginia St.	
CITY-ST-ZIP	St. Simon's Island, GA 31522	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Greer	
STREET ADDRESS	2121 S. Flagler Dr.	
CITY-ST-ZIP	W. Palm Beach, FL 33401	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol B. Cloy	
STREET ADDRESS	610 Tennis Club Dr. #307	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Belmar Gunderson	
STREET ADDRESS	W. 8068 830TH Ave.	
CITY-ST-ZIP	River Falls, WI 54022	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Parsons	
STREET ADDRESS	2525 Ocean Blvd. C-3	
CITY-ST-ZIP	Corona Del Mar, CA 92625	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Pat Parsons* DATE 3-20-03 561-655-7332

CPEN037 (10/02)