

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739743

**Entity Name:** NATIONAL SENIOR WOMEN'S TENNIS ASSOCIATION, INC.

**Current Principal Place of Business:**

43 CREST RD  
FRAMINGHAM, MA 01702

**Current Mailing Address:**

43 CREST RD  
FRAMINGHAM, MA 01702 US

**FEI Number: 59-2041901**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREER, PAT  
2121 S FLAGLER DR  
WEST PALM BEACH, FL 33401 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            WEINSTOCK, SHEILA  
Address        43 CREST RD  
City-State-Zip: FRAMINGHAM MA 01702

Title            TREA  
Name            COOPER, SANDRA  
Address        10 SARATOGA AVE  
City-State-Zip: E NORTHPORT NY 11731

Title            SECR  
Name            GREER, PAT  
Address        2121 SOUTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title            D  
Name            GUNDERSON, BELMAR  
Address        1052 PIONEER WAY WEST, BOX 455  
City-State-Zip: GENEVA FL 32732

Title            D  
Name            BRAMLETTE, SUSAN  
Address        738 COUNTRY LANE  
City-State-Zip: HOUSTON TX 77024

Title            D  
Name            WOOD, CAROL  
Address        11760 GAINESBOROUGH ROAD  
City-State-Zip: ROCKVILLE MD 20854

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAT GREER**

**SECRETARY**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date