

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000042168

**FILED**  
**Feb 14, 2018**  
**Secretary of State**  
**CC6946797752**

**Entity Name:** DOWNTOWN RACQUET CLUB INC

**Current Principal Place of Business:**

500 SW NORTH RIVERPOINT DRIVE  
STUART, FL 34994

**Current Mailing Address:**

500 SW NORTH RIVERPOINT DRIVE  
STUART, FL 34994 US

**FEI Number:** 46-5654170

**Certificate of Status Desired:** No

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

WILSON, JEFFREY  
500 SW NORTH RIVERPOINT DRIVE  
STUART, FL 34994 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 PD  
Name WILSON, JEFFREY  
Address 500 SW NORTH RIVERPOINT DRIVE  
City-State-Zip: STUART FL 34994

Title TSD  
Name WILSON, DEBORAH  
Address 500 SW NORTH RIVERPOINT DRIVE  
City-State-Zip: STUART FL 34994

Title D  
Name STEFFEN, MIKE  
Address 500 SW NORTH RIVERPOINT DRIVE  
City-State-Zip: STUART FL 34994

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY WILSON

**PRESIDENT**

**02/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date