

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701503 (5)

1. Corporation Name

ROYAL PALM TENNIS CLUB, INC.



Principal Place of Business

Mailing Address

7001 S.W. 98TH STREET  
MIAMI FL 33156

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MIAMI FL 33156

3. Date Incorporated or Qualified

10/05/1960

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0937231

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRON, JAMES M.  
2891 SEMINOLE ST  
COCONUT GROVE FL 33133

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOLOTIN, IRVING	
STREET ADDRESS	7391 SW 130 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LIVESAY, LEIGH	
STREET ADDRESS	9722 SW 69TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SNELLING, MARCY M.	
STREET ADDRESS	10845 S.W. 62ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RECHTIEN, RICHARD	
STREET ADDRESS	10895 S.W. 69TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRON, JAMES M	
STREET ADDRESS	3600 NW 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bolotin, Irving	
1.3 STREET ADDRESS	7391 SW 130 Street	
1.4 CITY-ST-ZIP	Miami, FL 33156	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Max Kuniansky	
2.3 STREET ADDRESS	10200 SW 129th St., Miami, FL 33176	
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Christina Wells	
3.3 STREET ADDRESS	7340 SW 77th Court, Miami, FL 33143	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	300001751773	
4.4 CITY-ST-ZIP	03/21/96--01009--003	
5.1 TITLE	***70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *James M. Herron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
James M. Herron

DATE: March 10, 1996  
DATE

83-20-1996

CR2E037 (12/95)