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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mörtham
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

3. Date Incorporated or Qualified
10/05/1960
4. FEI Number **59-0937231**
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HERRON, JAMES M.
2891 SEMNOLE ST
COCONUT GROVE FL 33133**

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 HERRON, JAMES M. DATE **2-4-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KUNIANSKY, MAX	
STREET ADDRESS	10200 SW 129TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CREWS, PEGGY	
STREET ADDRESS	6385 SW 110TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, SALLY	
STREET ADDRESS	5441 SW 70TH PLACE N	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TIKTIN, STEVEN	
STREET ADDRESS	6950 SW 70 PLACE N	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRON, JAMES M	
STREET ADDRESS	3800 NW 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, ROBERT L	
STREET ADDRESS	58968 SW 96TH ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CREWS, PEGGY D.	
1.3 STREET ADDRESS	6385 SW 110th Street	
1.4 CITY-ST-ZIP	Miami, FL 33156	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WRIGHT, ROBERT L.	
2.3 STREET ADDRESS	5898 SW 96th Street	
2.4 CITY-ST-ZIP	Miami, FL 33156	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAMSON, BONNIE	
3.3 STREET ADDRESS	9444 SW 142nd Street	
3.4 CITY-ST-ZIP	Miami, FL 33176	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TIKTIN, STEVEN	
4.3 STREET ADDRESS	6950 SW 98th Street	
4.4 CITY-ST-ZIP	Miami, FL 33156	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HERRON, JAMES M.	
5.3 STREET ADDRESS	2891 Seminole Street	
5.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BROWN, MACKAY	
6.3 STREET ADDRESS	7450 SW 131st Street	
6.4 CITY-ST-ZIP	Miami, FL 33156	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peggy D. Crews PEGGY D. CREWS 2-4-98 305-666-4123

CP2E037 (10/97)