

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90056 035 \*\*\*\*70.00

**DOCUMENT # 701503**  
 1. Entity Name  
**ROYAL PALM TENNIS CLUB, INC.**



Principal Place of Business: 7001 S.W. 98TH STREET MIAMI FL 33156  
 Mailing Address: 7001 S.W. 98TH STREET MIAMI FL 33156

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **59-0937231**  
 Applied For:  Not Applicable:

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



MOORE CR2E037 (11/03)

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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
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**  
**Due By May 1, 2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	COFFIN, JOHN E	
STREET ADDRESS	8300 SW 90TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIROTA, STEVEN	
STREET ADDRESS	7605 SW 160TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRIBBON, PATRICK	
STREET ADDRESS	13805 SW 72ND COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACNAIR, JOCELYN J	
STREET ADDRESS	12450 PINE NEEDLE LANE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANZ, JOAN	
STREET ADDRESS	7017 SW 148TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, MILDRED S	
STREET ADDRESS	7900 SW 67TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Weinkle	
STREET ADDRESS	5800 SW 51st Street	
CITY-ST-ZIP	Miami, FL 33155	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Steve Sirota** 04-16-04 305-667-4006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #