

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737753** (4)

1. Corporation Name

LAUDERDALE TENNIS CLUB, INC.



Principal Place of Business <b>600 TENNIS CLUB DR FT. LAUDERDALE FL 33311 US</b>		Mailing Address <b>600 TENNIS CLUB DR FT LAUDERDALE FL 33311-4004 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified <b>01/06/1977</b>		3a. Date of Last Report <b>06/19/1996</b>	
4. FEI Number <b>59-1890729</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CHERYL LEVIN  
10226 NW 47 STREET  
SUNRISE FL 33351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEARD, JAMES	
STREET ADDRESS	630 TENNIS CLUB DR #101	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33311	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLOYD, DONALD	
STREET ADDRESS	610 TENNIS CLUB DR #302	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BECK, MARY	
STREET ADDRESS	650 TENNIS CLUB DR #102	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, PAUL	
STREET ADDRESS	650 TENNIS CLUB DR #312	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Jack Jensen PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	630 Tennis Club Dr. #202	
1.3 STREET ADDRESS	Fort Lauderdale, FL 33311	
1.4 CITY-ST-ZIP		
2.1 TITLE	Werner, Ken	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	460 Tennis Club Dr #201	
2.3 STREET ADDRESS	Fort Lauderdale, FL 33311	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD Beck, MARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	450 Tennis Club Dr. #102	
3.3 STREET ADDRESS	Fort Lauderdale, FL 33311	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD Kuhle, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	460 Tennis Club Dr # 301	
4.3 STREET ADDRESS	Fort Lauderdale, FL 33311	
4.4 CITY-ST-ZIP		
5.1 TITLE		<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034508

CR2E037 (9/96)