FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 738538 **(8)**

1. Corporation Name

COURTSIDE TENNIS CLUB, INC.

Principal Place of Business	Mailing Address
512 N AUBURN ROAD VENICE FL 34292-1600	512 N AUBURN ROAD VENICE FL 34292-1600

3. Date Incorporated or Qualified: 04/01/1977
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1745556 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LIPP, GEORGE W. JR.
2860 MYAKKA ROAD
VENICE FL 34293

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOCH, ARDIS	1.2 NAME	
STREET ADDRESS	1005 N GONDOLA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	~~VPD~~ T D	2.1 TITLE	VPD TO TD ☒ Change ☐ Addition
NAME	UNDERWOOD, ALLEN	2.2 NAME	
STREET ADDRESS	242 WOODLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	2.4 CITY-ST-ZIP	
TITLE	~~SD~~	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	~~BLEM, PATRICIA~~	3.2 NAME	HUNT, GEORGE
STREET ADDRESS	~~211 LOUELLA LANE~~	3.3 STREET ADDRESS	1323 PINE NEEDLE ROAD
CITY-ST-ZIP	~~NOKOMIS FL~~	3.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	~~TD~~	4.1 TITLE	D ☒ Change ☐ Addition
NAME	~~GLOAN, MARY~~	4.2 NAME	JONES, JOHN
STREET ADDRESS	~~605 PINEBROOK CRESCENT~~	4.3 STREET ADDRESS	1230 PINEBROOK WAY
CITY-ST-ZIP	~~VENICE FL~~	4.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	~~D~~ VPD	5.1 TITLE	D TO VPD ☒ Change ☐ Addition
NAME	STEINEMANN, GEORGE C	5.2 NAME	
STREET ADDRESS	1003 JOYCE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DOBSON, MARGERET A.	6.2 NAME	
STREET ADDRESS	7358 HART ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	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)(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: Ardis E Boch 4/25/95 813-485-2000
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #
ARDIS BOCH, PRESIDENT

0010141