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 # **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: **05/01/1995**

2. Principal Place of Business — 21: —; Suite, Apt. #, etc. — 22: —; City & State — 23: —; Zip — 24: —; Country — 25: —

2a. Mailing Address — 26: —; Suite, Apt. #, etc. — 27: —; City & State — 28: —; Zip — 29: —; Country — 30: —

4. FEI Number: **59-1745556** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ 4/6/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if agent's signature required for an initial filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	UNDERWOOD, ALLEN		2.2 NAME	Simonini, Jeanne	
STREET ADDRESS	242 WOODLAND DRIVE		2.3 STREET ADDRESS	1655 Valley Drive	
CITY-ST-ZIP	OSPREY FL		2.4 CITY-ST-ZIP	Venice FL	
TITLE	SD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HUNT, GEORGE		3.2 NAME	Hunt, George	
STREET ADDRESS	1323 PINE NEEDLE ROAD		3.3 STREET ADDRESS	1323 Pine Needle Road	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	Venice FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JOHN		4.2 NAME		
STREET ADDRESS	1230 PINEBROOK WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	STEINEMANN, GEORGE C		5.2 NAME	Muther, Barbara	
STREET ADDRESS	1003 JOYCE CT		5.3 STREET ADDRESS	1436 Royalty Way	
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP	Venice FL	
TITLE	D	☐ DELETE	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DOBSON, MARGERET A.		6.2 NAME	Dobson, Margaret A.	
STREET ADDRESS	7356 HART ST		6.3 STREET ADDRESS	7356 Hart Street	
CITY-ST-ZIP	ENGLEWOOD FL		6.4 CITY-ST-ZIP	Englewood FL	

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: _____ 4/6/96 941-485-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)