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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738538

1. Corporation Name

COURTSIDE TENNIS CLUB, INC.

Principal Place of Business

512 N AUBURN ROAD
VENICE FL 34292-1600

Mailing Address

512 N AUBURN ROAD
VENICE FL 34292-1600



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/01/1977

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE
NAME WELLS, WILLIAM I
STREET ADDRESS 1641 VALLEY DR
CITY-ST-ZIP VENICE FL 34292

TITLE TD ☐ DELETE
NAME MULIER, ROGER V
STREET ADDRESS 188 LOOKOUT PT DR
CITY-ST-ZIP OSPREY FL 34229

TITLE SD ☐ DELETE
NAME WILHELM, JAN
STREET ADDRESS 1701 KEYWAY RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D ☒ DELETE
NAME HENNESSY, GEORGE
STREET ADDRESS 2515 ALAMANDER AVE
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE PD ☐ DELETE
NAME PUTT, VICTORIA
STREET ADDRESS 1602 HONEY CT
CITY-ST-ZIP VENICE FL 34293

TITLE D ☐ DELETE
NAME MARSHALL, FRAN
STREET ADDRESS 22318 BLANCHARD AVE
CITY-ST-ZIP PT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MULIER, ROGER V.
1.3 STREET ADDRESS 188 LOOKOUT PT DR
1.4 CITY-ST-ZIP OSPREY FL 34229

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME WILHELM, JAN
2.3 STREET ADDRESS 3892 WOODMERE PARK BLVD. #209
2.4 CITY-ST-ZIP VENICE, FL 34293

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME VEIT, HANS R.
3.3 STREET ADDRESS 346 PEPPERTREE RD.
3.4 CITY-ST-ZIP VENICE FL 34293

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME PUTT, VICTORIA
4.3 STREET ADDRESS 1602 HONEY CT
4.4 CITY-ST-ZIP VENICE FL 34293

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME BOCH, AL
5.3 STREET ADDRESS 1005 N. GONDOLA AVE.
5.4 CITY-ST-ZIP VENICE FL 34293

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME BOYETTE, MARSHALL
6.3 STREET ADDRESS 2325 GOYA DR.
6.4 CITY-ST-ZIP NOKOMIS FL 34275

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/99

Date

941-485-2000

Daytime Phone #

CR2EN37-11/98

258790-90058-17
738538

COURTSIDE TENNIS CLUB

1999 NONPROFIT CORPORATION ANNUAL REPORT

DIRECTORS - continued

D

Vickery, Byron

824 Capri Isles Blvd. #208

Venice FL 34292