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 MAR -6 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739743 (3)

1. Corporation Name

THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
205 BELHAVEN AVE. LINWOOD NJ 08221 US	205 BELHAVEN AVE LINWOOD NJ 08221 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1977
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2041901 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 20680 Linwood Rd.	26 20680 Linwood Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Excelsior,MN.	28 City & State: Excelsior,MN.
24 Zip: 55331 25 Country: USA	29 Zip: 55331 30 Country: USA

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

PLANTE, MARY ANN
1152 NEW YORK AVE.
WINTER PARK FL 32789

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	TD	1.1 TITLE	PD Camny Johnson 20630 Linwood Rd. Excelsior,MN.55331	☒ Change ☐ Addition
NAME	SHOUP, PEGGY	1.2 NAME		
STREET ADDRESS	1925 E SAWMILL RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	QUAKERTOWN PA	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	PD Janet McCutcheon 2143 Sheridan Hills Rd. Wayzata,MN.55391	☒ Change ☐ Addition
NAME	HIGBEE, IRENE	2.2 NAME		
STREET ADDRESS	205 BELHAVEN AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LINWOOD NJ	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	TD Ginny Sedwitz 201 Geneva Burnsville,MN. 55306	☒ Change ☐ Addition
NAME	CAPAGNA, BERRY	3.2 NAME		
STREET ADDRESS	86 MCLAUGHLIN DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBURG GA	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S Lois Williams 14833 LaQuinta Lane Houston, TX 77079	☒ Change ☐ Addition
NAME	GOFF, LINDA	4.2 NAME		
STREET ADDRESS	3 N. PEMBROOKE AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE NJ	4.4 CITY-ST-ZIP		
TITLE	MC	5.1 TITLE	MC Sue Furtney 5830 130th Ct. Apple Valley,MN. 55124	☒ Change ☐ Addition
NAME	CARLISLE, LORETTA	5.2 NAME		
STREET ADDRESS	21 KASSNER AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHERRYHILL NJ	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Camny Johnson Camny Johnson 2-28-95 612-474-4778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073344