

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 26 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 # **739743** (3)

1. Corporation Name

**THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

20680 LINWOOD ROAD  
EXCELSIOR MN 55331  
US

20680 LINWOOD ROAD  
EXCELSIOR MN 55331-8384  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/27/1977</b>		3a. Date of Last Report <b>03/08/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2041901</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		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

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **100002224291**

84 City **-06/26/97--01006--030**

**\*\*\*61.25**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<b>DIR</b> MARY LENORE BLAIR
NAME	JOHNSON, CAMMY	1.2 NAME	171 Jennings Rd.
STREET ADDRESS	20680 LINWOOD ROAD	1.3 STREET ADDRESS	Cold Spring Harbor, N.Y. 11724
CITY-ST-ZIP	EXCELSIOR MN	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<b>DR</b> Olga STARK
NAME	MCCUTCHEON, JANET	2.2 NAME	17185 215th St
STREET ADDRESS	2143 SHERIDAN HILLS ROAD	2.3 STREET ADDRESS	Bayside
CITY-ST-ZIP	WAYZATA MN	2.4 CITY-ST-ZIP	NY 11360
TITLE	TO	3.1 TITLE	<b>DR</b> Lola O'Sullivan
NAME	SEDWITZ, GINNY	3.2 NAME	32-04 160th St.
STREET ADDRESS	201 GENEVA	3.3 STREET ADDRESS	Flushing, NY. 11358
CITY-ST-ZIP	BURNSVILLE MN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<b>DR</b> Dorothy WASSER
NAME	WILLIAMS, LOIS	4.2 NAME	138 Pidgeon Hill Rd.
STREET ADDRESS	14823 LAQUINTA LANE	4.3 STREET ADDRESS	Huntington Sta.
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	NY 11746
TITLE	MC	5.1 TITLE	<b>S</b> Lois WILLIAMS
NAME	FURNEY, SUE	5.2 NAME	14823 Laquinta Lane
STREET ADDRESS	58630 130TH COURT	5.3 STREET ADDRESS	Houston, TX
CITY-ST-ZIP	APPLE VALLEY MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<b>MC</b> Sue FURNEY
NAME		6.2 NAME	58630 130th Ct.
STREET ADDRESS		6.3 STREET ADDRESS	Apple Valley, MN.
CITY-ST-ZIP		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 149.07(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 REQUIRED

*M. Palmer* 4/26/97 (516) 367-3741

CR2E037 (9/96)