


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 <b>20680 LINWOOD ROAD EXCELSIOR MN 55331 US</b>	Mailing Address <b>20680 LINWOOD ROAD EXCELSIOR MN 55331 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/27/1977</b>	4. FEI Number <b>59-2041901</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAIR, MARY-LENORE</b>	1.2 NAME	
STREET ADDRESS	<b>171 JENNINGS RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLD SPRING HARBOR NY 11724</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARK, OLGA</b>	2.2 NAME	
STREET ADDRESS	<b>17-85 215TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAYSIDE NY 11360</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'SULLIVAN, LOLA</b>	3.2 NAME	
STREET ADDRESS	<b>32-04 180TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLUSHING NY 11358</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WASSER, DOROTHY</b>	4.2 NAME	
STREET ADDRESS	<b>138 PIDGEON HILL RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUNTINGTON NY 11746</b>	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, LOIS</b>	5.2 NAME	
STREET ADDRESS	<b>14823 LAQUINTA LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	5.4 CITY-ST-ZIP	
TITLE	MC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FURNEY, SUE</b>	6.2 NAME	
STREET ADDRESS	<b>58830 130TH CT.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APPLE VALLEY MN</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **MARY-LENORE BLAIR** 4/16/98 (516) 367-3746

CR2E037 (10/97)