## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

739743

(3)

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

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Principal Place of Business			Mail	Mailing Address							III I <b>ve</b> il <b>Diev</b>	O FILL DADAL A	NALI BIBIR A	11011 010	il diffi i <b>dd</b> i
2080 LINWOOD ROAD				20680 LINWOOD ROAD					3. Date Inc	orporated or	r Qualified				<del></del>
EXCELSIOR MN 55331 US				EXCELSIOR MN 55331 US						27/1977					
•			•						4. FEI Num				-		plied For
2. Principal P	lace of Busin	1868	20. /	Mailing Address					59-	204 190 1			<u> </u>		Applicable
2. Principal Place of Business			——	26					5. Certificat	te of Status (	Desired		· ·		dditional quired
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					6. Election	Campaign F	inancing				lay Be
22			27						<del></del>	nd Contributi				ded to	
City & State			<del> </del>	City & State					7. Is this nonprofit corporation a homeowners association?						
Zip Country				Zip Country				Yes \( \) No  8. This corporation owes or has paid the current year Intangible							
24	1	25	29	•	30				1 '	Property Ta			Yes		No
	9. Name	and Address of Curre	nt Registe	red Agent					10. Name a	nd Address	of New R	egistere	d Agent		
						81	Na	me							
PLANTE, MARY ANN							Str	eet Addre	Idress (P.O. Box Number is Not Acceptable)						
1152 NEW YORK AVE. WINTER PARK FL 32789							-								··
441141641	LWW LF	32108											- 12-1	7:- C	<u> </u>
	,					84	1					FI	<u>.                                     </u>	Zip C	
11. Pursuant	to the provis	ions of Sections 617.05 ent, or both, in the Stat th, and accept the oblig	02 and 617	7.1508, Florida Sta	tutes, th	ne above	e-nar	ned corpo	pration submits	this stateme	ent for the	purpose	of chang	ing its	registered
agent. I a	m familiar wi	th, and accept the oblig	gations of,	Section 617.0503,	Florida	Statutes	S.	oorporatio	on a god a or a	ingotora. 1 vic	3100) door	opt mo up	pontano		og.o.o.ou
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12.	Signature, typed	or printed name of registered ep				Istered Age	ent sign	ature require	d when reinstating) ADDITION	IS/CHANGE	S TO OFFI	DATE	ID DIREC	CTORS	S IN 12
	Signature, typed	<del></del>					ent sign	ature require		IS/CHANGE	S TO OFFI		ID DIREC		S IN 12
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City-St-ZIP

APPLE VALLEY MN

5.4 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 truestee 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.

MARKILGHORG BLAIR

**FILED** 

Apr 13 1998 8:00am

Secretary of State