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**Mar 11, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 739743**

1. Corporation Name

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

Principal Place of Business

20680 LINWOOD ROAD  
EXCELSIOR MN 55331  
US

Mailing Address

20680 LINWOOD ROAD  
EXCELSIOR MN 55331  
US



2. Principal Place of Business

21 **155 NORTHAMPTON RD.**

Suite, Apt. #, etc.

22

City & State

23 **AMHERST MA**

Zip

24 **01002**

Country

25 **U.S.**

2a. Mailing Address

26 **155 NORTHAMPTON RD.**

Suite, Apt. #, etc.

27

City & State

28 **AMHERST MA**

Zip

29 **01002**

Country

30 **U.S.**

3. Date Incorporated or Qualified

**07/27/1977**

4. FEI Number

**59-2041901**

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

**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 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 **D** ☒ DELETE

NAME **BLAIR, MARY-LENORE**

STREET ADDRESS **171 JENNINGS RD.**

CITY-ST-ZIP **COLD SPRING HARBOR NY 11724**

TITLE **D** ☒ DELETE

NAME **STARK, OLGA**

STREET ADDRESS **17-85 215TH ST.**

CITY-ST-ZIP **BAYSIDE NY 11360**

TITLE **D** ☒ DELETE

NAME **O'SULLIVAN, LOLA**

STREET ADDRESS **32-04 160TH ST.**

CITY-ST-ZIP **FLUSHING NY 11358**

TITLE **TD** ☒ DELETE

NAME **WASSER, DOROTHY**

STREET ADDRESS **138 PIDGEON HILL RD.**

CITY-ST-ZIP **HUNTINGTON NY 11746**

TITLE **S** ☐ DELETE

NAME **WILLIAMS, LOIS**

STREET ADDRESS **14823 LAQUINTA LANE**

CITY-ST-ZIP **HOUSTON TX**

TITLE **MC** ☐ DELETE

NAME **FURTNEY, SUE**

STREET ADDRESS **58630 130TH CT.**

CITY-ST-ZIP **APPLE VALLEY MN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **LEACH, LAURINE**

1.3 STREET ADDRESS **40 ROCKPORT RD**

1.4 CITY-ST-ZIP **WESTON MA 02193-1428**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **SHEPHERD, THEODORA**

2.3 STREET ADDRESS **155 NORTHAMPTON RD**

2.4 CITY-ST-ZIP **AMHERST MA 01002**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **SHEILA WEINSTOCK**

3.3 STREET ADDRESS **43 CREST RD**

3.4 CITY-ST-ZIP **FRAMINGHAM MA 01702**

4.1 TITLE **TD** ☒ Change ☐ Addition

4.2 NAME **FIDURKO, DIANE**

4.3 STREET ADDRESS **356 HILLCREST RD**

4.4 CITY-ST-ZIP **NEEDHAM MA 02192**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-99**

Date

**413-549-1177**

Daytime Phone #

CR2E037 (11/98)