2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739743

FILED Jan 19, 2007 Secretary of State

Entity Name: NATIONAL SENIOR WOMEN'S TENNIS ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|--|---|--|--|
| 2423 SUN .ODI, CA | MMERSET COL 95242 US | IRT | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 2423 SUN .ODI, CA | MMERSET COL 95242 US | IRT | | | |
| El Numbe | er: 59-2041901 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | current Registered Agent: | Name and Address | of New Registered Agent: | |
| 505 SOUT SUITE 11 WEST PA | ALM BEACH, FL | RIVE . 33401 US | | | |
| | e named entity s te of Florida. | submits this statement for the | purpose of changing its registere | ed office or registered agent, or both | |
| SIGNATU | | | | | |
| | Electron | ic Signature of Registered Ac | gent | Date | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTO | | |
| ītle: lame: lddress: Dity-St-Zip: | NICHOLS, CAR 2423 SUMMER | SET COURT | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Nddress: Dity-St-Zip: | NUNZIATA, ANN 1080 FOURTH | AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Nddress: Dity-St-Zip: | GREER, PAT 2121 SOUTH F | Delete LAGLER DRIVE EACH, FL 33401 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| itle: | GUNDERSON, 1052 PIONEER | WAY WEST, BOX 455 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| lame: .ddress: :ity-St-Zip: | GLINEVA, IL 3 | | Title: | () Change () Addition | |
| .ddress: | D () PETERSEN, M/ 1609 N.W. 18TI | H STREET | Name: Address: City-St-Zip: | (, , g. (, | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN NICHOLS P 01/19/2007