

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90026 028 ****61.25

DOCUMENT # 744860

1. Entity Name
THE TAMPA RACQUET CLUB ASSOCIATION, INC.



Principal Place of Business
**16105 N FLORIDA
STE A
LUTZ, FL 33549 US**

Mailing Address
**16105 N FLORIDA
STE A
LUTZ, FL 33549 US**

60025799



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1879087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEZER, STEVEN
220 S. FRANKLIN
TAMPA, FL 33602**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WHEATON, DAVID 16105 N. FLORIDA #A LUTZ, FL 33549 | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KENNEY, JERRY 16105 N. FLORIDA #A LUTZ, FL 33549 | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANZOLILLO, JOHN 16105 N. FLORIDA #A LUTZ, FL 33549 | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DEVITO, FRANK 16105 N. FLORIDA #A LUTZ, FL 33549 | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEWART, TOM 16105 N. FLORIDA #A LUTZ, FL 33549 | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Miriam Snyder 16105 N. FLORIDA #A LUTZ, FL 33549 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIRIAM SNYDER

3-13-07

813 968 5665