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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90160 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 857397

1. Corporation Name

TENNIS INDUSTRY ASSOCIATION, INCORPORATED

Principal Place of Business

200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408
US

Mailing Address

% JOHN D. RIDDLE
200 CASTLEWOOD RD
N PALM BCH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1983

4. FEI Number

06-1050343

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RIDDLE, JOHN D.
200 CASTLEWOOD DRIVE
N. PALM BEACH FL 33408

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 607.0502 and 607.1508, 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 607.0505, 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	P	<input type="checkbox"/> DELETE
NAME	KAMPERMAN, KURT	
STREET ADDRESS	19 POPE AVE, SUITE 107	
CITY-ST-ZIP	HILTON HEAD ISLAND SC 29928	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUGH, JIM	
STREET ADDRESS	8700 W. BRYN MAWR AVE	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERMAN, RICK	
STREET ADDRESS	70 WEST RED OAK LN	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FONTE, JILL	
STREET ADDRESS	121 COMMODORE DR	
CITY-ST-ZIP	NEW SMYRNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARGIN, RICK	
STREET ADDRESS	ONE TENNIS COURT	
CITY-ST-ZIP	BORDENTOWN NJ 08505	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, BRAD	
STREET ADDRESS	200 CASTLEWOOD DR	
CITY-ST-ZIP	N. PALM BCH, FL 33408	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)