

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G41543 (1)**

1. Corporation Name
TREASURE ISLAND TENNIS & YACHT CLUB, INC.



Principal Place of Business: 3030 LBJ FREEWAY, P O BOX 819087, DALLAS TX 75234
Mailing Address: 3030 LBJ FREEWAY, P O BOX 819087, DALLAS TX 75234

3. Date Incorporated or Qualified: **06/01/1983**
3a. Date of Last Report: **02/22/1995**
4. FEI Number: **75-1888807**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------|--|---|--|
| TITLE: S | NAME: TAYLOR, TERRY A | 1.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 3030 LBJ FRWY STE 700 | CITY-ST-ZIP: DALLAS TX | 1.2 NAME: | |
| | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS: | |
| TITLE: AT | NAME: ZAMBIE, RAY | 1.4 CITY-ST-ZIP: | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 3030 LBJ FRWY | CITY-ST-ZIP: DALLAS TX | 2.1 TITLE: | |
| | <input checked="" type="checkbox"/> DELETE | 2.2 NAME: | <i>VP Jeffrey Jahnke</i> |
| TITLE: PD | NAME: JOHNSON, ROBERT | 2.3 STREET ADDRESS: | |
| STREET ADDRESS: 3030 LBJ FRWY | CITY-ST-ZIP: DALLAS TX | 2.4 CITY-ST-ZIP: | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE: | |
| TITLE: | NAME: | 3.2 NAME: | <i>P James Hockley</i> |
| STREET ADDRESS: | CITY-ST-ZIP: | 3.3 STREET ADDRESS: | |
| | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | 4.1 TITLE: | |
| STREET ADDRESS: | CITY-ST-ZIP: | 4.2 NAME: | |
| | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS: | |
| TITLE: | NAME: | 4.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 5.1 TITLE: | |
| | <input type="checkbox"/> DELETE | 5.2 NAME: | |
| TITLE: | NAME: | 5.3 STREET ADDRESS: | |
| STREET ADDRESS: | CITY-ST-ZIP: | 5.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 6.1 TITLE: | |
| TITLE: | NAME: | 6.2 NAME: | |
| STREET ADDRESS: | CITY-ST-ZIP: | 6.3 STREET ADDRESS: | |
| | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change or on an attachment with an address.

SIGNATURE: *J Jahnke* 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)