

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 27 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION  
 ANNUAL REPORT  
 1997

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

**DOCUMENT # G41543 (1)**  
 Corporation Name  
**TREASURE ISLAND TENNIS & YACHT CLUB, INC.**



Principal Place of Business Mailing Address  
**3030 LBJ FREEWAY** **3030 LBJ FREEWAY**  
**P O BOX 819087** **P O BOX 819087**  
**DALLAS TX 75234** **DALLAS TX 75234-7781**

**3.** Date Incorporated or Qualified **06/01/1983** **3a.** Date of Last Report **05/01/1996**  
**4.** FEI Number **75-1888807** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**21.** Principal Place of Business **27.** Mailing Address  
**22.** Suite, Apt. #, etc. **26.** Suite, Apt. #, etc.  
**23.** City & State **27.** City & State  
**24.** Zip **25.** Country **29.** Zip **30.** Country

**9. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**10. Name and Address of New Registered Agent**  
**81.** Name  
**82.** Street Address (P.O. Box Number is Not Acceptable)  
**83.**  
**84.** City **85.** Zip Code **FL**

**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**

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>TAYLOR, TERRY A</b>
STREET ADDRESS	<b>3030 LBJ FRWY STE 700</b>
CITY - ST - ZIP	<b>DALLAS TX</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>JAHNKE, JEFFREY</b>
STREET ADDRESS	<b>3030 LBJ FRWY</b>
CITY - ST - ZIP	<b>DALLAS TX</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>HINCKLEY, JAMES</b>
STREET ADDRESS	<b>3030 LBJ FRWY</b>
CITY - ST - ZIP	<b>DALLAS TX</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 do 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 or changed, or on an attachment with an address.

**SIGNATURE:** *Jeffrey B. Jahnke* **2-20-97**  
 SIGNATURE AND TITLE OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)