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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N14680					
1. Corporation Name VILLAGE RACQUET CLUB, INC.					
Principal Place of Business 1200 W. RETTA ESPLANADE PUNTA GORDA FL 33950			Mailing Address 1200 W. RETTA ESPLANADE PUNTA GORDA FL 33950		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/01/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2763965	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSENWALD, ROGER 425 CROSS ST., UNIT #113 PUNTA GORDA FL 33950				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 617.0502 and 617.1508, 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 617.0503, 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	DP	1.1 TITLE	DP
NAME	HUBER, LINDA	1.2 NAME	HUGHES, SPENCER
STREET ADDRESS	301 SORRENT CT	1.3 STREET ADDRESS	3357 TRINIDAD CT
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	DV	2.1 TITLE	DV
NAME	SHOLL, THEODORE	2.2 NAME	CUFF, LARRY
STREET ADDRESS	4000 CAPE COLE BLVD	2.3 STREET ADDRESS	39.83 LA COSTA ISLAND CT
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	DT	3.1 TITLE	DT
NAME	HORNER, WALTER	3.2 NAME	HUBER, LINDA
STREET ADDRESS	1505 SAN MARINO CT	3.3 STREET ADDRESS	301 SORRENT CT
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	DS	4.1 TITLE	DS
NAME	HORNER, SUZNE	4.2 NAME	MEMOIL, AUDREY
STREET ADDRESS	1505 SAN MARINO CT	4.3 STREET ADDRESS	128 RODGERS AVE
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33952
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Walter Horner 4/1/99 9416371126

CR2F037 (1/98)