FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:33

DOCUMENT # N35799 (8)

1. Corporation Name

THE MAPLE LEAF ESTATES TENNIS CLUB, INC.

Principal Place of Business	Mailing Address
C/O ROBERT E. MCROSE 2100 KINGS HIGHWAY SUITE 815 PORT CHARLOTTE FL 33980	C/O ROBERT E. MCROSE 2100 KINGS HIGHWAY SUITE 815 PORT CHARLOTTE FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1989
3a. Date of Last Report: 03/08/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCROSE, ROBERT E. 2100 KINGS HIGHWAY, SUITE 815 PORT CHARLOTTE FL	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 Pearl R White PEARL R WHITE 3/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	COOPER, BRIAN J	1.2 NAME	RONALD BALL	
STREET ADDRESS	2100 KINGS HIGHWAY S-815	1.3 STREET ADDRESS	2100 KINGS HWY S-815	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, PEARL	2.2 NAME		
STREET ADDRESS	2100 KINGS HIGHWAY S-815	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ECCLESTON, LAWRENCE	3.2 NAME	RONALD COSTAR	
STREET ADDRESS	2100 KINGS HIGHWAY S-815	3.3 STREET ADDRESS	2100 KINGS HWY S-815	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: ☒ Pearl R White PEARL R WHITE 3/21/95 425-9818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081873