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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35799 (8)

1. Corporation Name

THE MAPLE LEAF ESTATES TENNIS CLUB, INC.

Principal Place of Business

C/O ROBERT E. MCROSE
2100 KINGS HIGHWAY SUITE 815
PORT CHARLOTTE FL 33980

Mailing Address

C/O ROBERT E. MCROSE
2100 KINGS HIGHWAY SUITE 815
PORT CHARLOTTE FL 33980-42463. Date Incorporated or Qualified
12/26/19893a. Date of Last Report
01/26/1996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 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

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 ☒ DELETENAME BALL, RONALD
STREET ADDRESS 2100 KINGS HIGHWAY S-815
CITY-ST-ZIP PORT CHARLOTTE FLTITLE ☒ DELETENAME WILF, HAM
STREET ADDRESS 2100 KINGS HWY S-815
CITY-ST-ZIP PORT CHARLOTTE FLTITLE ☐ DELETENAME COSTAR, RONALD
STREET ADDRESS 2100 KINGS HIGHWAY S-815
CITY-ST-ZIP PORT CHARLOTTE FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ AdditionNAME D. WHITE PAT
STREET ADDRESS 2100 KINGS HWY S-815
CITY-ST-ZIP PORT CHARLOTTE FL 339802.1 TITLE ☐ Change ☒ AdditionNAME HIGHT DON
STREET ADDRESS 2100 KINGS HWY S-815
CITY-ST-ZIP PORT CHARLOTTE FL 339803.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059187

CR2E037 (9/96)