

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 NOV 21 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41828 (7)

1. Corporation Name

NAPLES TENNIS PATRONS FOUNDATION, INC.

Principal Place of Business

Mailing Address

4081 TAMAMI TRAIL NORTH
SUITE C-105
NAPLES FL 33940

4081 TAMAMI TRAIL NORTH
SUITE C-105
NAPLES FL 33940

2. Principal Place of Business

2a. Mailing Address

21

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

29

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/28/1991

3a. Date of Last Report

11/01/1995

4. FEI Number

65-0329379

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 Fee

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

KRUECKEBERG, JOHN H.
4081 TAMAMI TRAIL NORTH
SUITE C-105
NAPLES FL 33940

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	T
NAME	TORRONI, EDWARD A.
STREET ADDRESS	708 W. LAKE DRIVE C/O NAPLES TEN PAT FOUND
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	LEWIS, LARRY
STREET ADDRESS	735 8TH ST. SOUTH
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	WELSH, DOUG
STREET ADDRESS	674 11TH ST N 11042 LINNET LAKE
CITY-ST-ZIP	NAPLES FL 33994
TITLE	D
NAME	KRUECKEBERG, JOHN H.
STREET ADDRESS	4081 TAMAMI TR N #C-105
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	JOHNSON, MARY J.
STREET ADDRESS	708 W. LAKE AD
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	ST. JOHN, RON
STREET ADDRESS	5450 YMCA ROAD
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHAD MAY
1.2 NAME	P.O. BOX 1041
1.3 STREET ADDRESS	BRIDGE SPRINGS, FL 3357
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	200002014452-1
2.4 CITY-ST-ZIP	-11/26/96-01104-015
3.1 TITLE	*****236.25 *****238426
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	REINSTATEMENT 1996
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	P. Olson
5.3 STREET ADDRESS	11-21-96
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 119.073(4), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2037 (12/95)