

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

DOCUMENT # N93000001763 (2)

1. Corporation Name

BAY AREA TENNIS, INC.



Principal Place of Business

**5267 BLAIR PL
SARASOTA FL 34233**

Mailing Address

**5267 BLAIR PL
SARASOTA FL 34233**

3. Date Incorporated or Qualified
04/19/1993

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21 1970 Landings Blvd.

Suite, Apt. #, etc.

22 Suite 308

City & State

23 Sarasota FL

Zip

24 34231

Country

25 USA

2a. Mailing Address

26 1970 Landings Blvd.

Suite, Apt. #, etc.

27 Suite 308

City & State

28 Sarasota, FL

Zip

29 34231

Country

30 USA

4. FEI Number

65-0405408

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

9. Name and Address of Current Registered Agent

**TOWNER, WESLEY
5267 BLAIR PL
SARASOTA FL 34233**

10. Name and Address of New Registered Agent

**81 Name Deborah Shanley
82 Street Address (P.O. Box Number is Not Acceptable)
1970 Landings Blvd.
83 Suite 308
84 City Sarasota FL 85 Zip Code 34231**

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 *Deborah Shanley* **Deborah Shanley, President**

4/22/96

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	D	<input checked="" type="checkbox"/> DELETE
NAME	TOWNER, WESLEY	
STREET ADDRESS	5267 BLAIR PL	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARLAND, LORRAINE	
STREET ADDRESS	1252 CENTER PL	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KELLAR, ROBERT	
STREET ADDRESS	4917 TAYWATER DELL	
CITY-ST-ZIP	VENICE FL 34235	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNDGREN, CHARLES	
STREET ADDRESS	6470 HOLLYWOOD BLVD #103	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUSA, ROBERT	
STREET ADDRESS	604 GARDENIA ST	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALDWELL, RICHARD	
STREET ADDRESS	7946 JEFFERY AVE	
CITY-ST-ZIP	NORTHPORT FL 34287	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Deborah Shanley	
1.3 STREET ADDRESS	1970 Landings Blvd, Ste 308	
1.4 CITY-ST-ZIP	Sarasota, FL 34231	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Keller	
2.3 STREET ADDRESS	4917 Taywater Dell	
2.4 CITY-ST-ZIP	Sarasota, FL 34235	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donald Mc Murray	
3.3 STREET ADDRESS	1970 Landings Blvd, Ste 308	
3.4 CITY-ST-ZIP	Sarasota, FL 34231	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Frank Astorino, Jr.	
4.3 STREET ADDRESS	5121 Willow Leaf Dr.	
4.4 CITY-ST-ZIP	Sarasota, FL 34241	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Deborah Shanley* **Deborah Shanley, President** **4/22/96** **941-921-5181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)