

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000003211 (0)**

1. Corporation Name

**BOCA RATON COMMUNITY TENNIS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
20423 STATE ROAD 7 SUITE 394 BOCA RATON FL 33498 US	20423 STATE ROAD 7 SUITE 394 BOCA RATON FL 33498-6747 US

3. Date Incorporated or Qualified <b>07/12/1993</b>	3a. Date of Last Report <b>04/08/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0428849</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FATIGATI, JANE**  
**20796 BOCA RIDGE DR N**  
**BOCA RATON FL 33428**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE, TINA M	1.2 NAME	PD <b>Jacque Turpie</b>
STREET ADDRESS	428 PLAZA REAL / STE 223	1.3 STREET ADDRESS	<b>6311 LaCosta Dr, # 204</b>
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	<b>Boca Raton FL 33433</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEEUW, BARRY D	2.2 NAME	D <b>Dawn Schleiter</b>
STREET ADDRESS	100 N W 2ND AVE	2.3 STREET ADDRESS	<b>860 Gloucester St.</b>
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	<b>Boca Raton FL 33487</b>
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FATIGATI, JANE	3.2 NAME	D <b>Robin Bird</b>
STREET ADDRESS	20796 BOCA RIDGE DR N	3.3 STREET ADDRESS	<b>1300 Comorant Rd. S.</b>
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	<b>Delray Beach FL 33444</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKKEMA, JOY	4.2 NAME	
STREET ADDRESS	P O BOX 1856 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Jane Fatigati* **4-28-97** **561-488-7159**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045261

CR2E037 (9/96)