

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003211 (0)

1. Corporation Name

BOCA RATON COMMUNITY TENNIS ASSOCIATION, INC.



Principal Place of Business 20423 STATE ROAD 7 SUITE 394 BOCA RATON FL 33498 US	Mailing Address 20423 STATE ROAD 7 SUITE 394 BOCA RATON FL 33498 US
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3. Date Incorporated or Qualified 07/12/1993	4. FEI Number 65-0428849	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FATIGATI, JANE 20796 BOCA RIDGE DR N BOCA RATON FL 33428	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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	1.1 TITLE	TURPIE, JACQUE
NAME	TUPIE, JACQUE	1.2 NAME	(spelling correction only)
STREET ADDRESS	6371 LACOSTA DR., #204	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SCHETER, DAWN	2.2 NAME	
STREET ADDRESS	880 GLOUCESTER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	
NAME	FATIGATI, JANE	3.2 NAME	
STREET ADDRESS	20796 BOCA RIDGE DR N	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BIRD, ROBIN	4.2 NAME	
STREET ADDRESS	1300 COMORANT RD. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Ellen Joy Vahab
NAME		5.2 NAME	11669 Timbers Way
STREET ADDRESS		5.3 STREET ADDRESS	Boca Raton FL 33428
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	TURPIE, JACQUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	(spelling correction only)	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Ellen Joy Vahab	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	11669 Timbers Way	
5.3 STREET ADDRESS	Boca Raton FL 33428	
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 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 E. Fatigati 2-26-98 561-488-7159

CR2E037 (10/97)