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NONPROFIT CORPORATION ANNUAL REPORT. **1996**



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

DOCUMENT # N94000006036 (7)

1. Corporation Name

SENIOR TOUR WIVES, INC.



Principal Place of Business

Mailing Address

% CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

SENIOR TOUR WIVES, INC
P O BOX 323
PONTE VEDRA BCH FL 32004
US

3. Date Incorporated or Qualified 12/09/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3299279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD GRAHAM, PATSY	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1007 MURFREESBORO RD., #115 BOX 160	1.2 NAME	
STREET ADDRESS	NASHVILLE TN	1.3 STREET ADDRESS	27131 Oakwood Lakes Drive
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Bonita Springs, FL 33923
TITLE	DS CHARLES, VERITY	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	42 WINDWARD ISLE	2.2 NAME	
STREET ADDRESS	PALM BEACH GARDENS FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	33418
TITLE	DT COODY, LYNETTE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1555 OLDHAM LANE	3.2 NAME	D/T
STREET ADDRESS	ABILENE TX	3.3 STREET ADDRESS	Gilbert, Brenda
CITY - ST - ZIP		3.4 CITY - ST - ZIP	505 Cromwell Way
TITLE	D COLBERT, MARCIA	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1641 OVAL CR	4.2 NAME	
STREET ADDRESS	LAS VEGAS NV	4.3 STREET ADDRESS	200001817552
CITY - ST - ZIP		4.4 CITY - ST - ZIP	-05/13/96--01010--021
TITLE	D MURPHY, GAIL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELRAY DUNES GOLF CLUB	5.2 NAME	D
STREET ADDRESS	BOYNTON BEACH FL 33436	5.3 STREET ADDRESS	Dickson, Carolyn
CITY - ST - ZIP		5.4 CITY - ST - ZIP	8208 Seven Mile Drive
TITLE	D PLAYER, VIVIANNE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3020 TIMPANA POINT	6.2 NAME	D
STREET ADDRESS	LONGWOOD FL 32779	6.3 STREET ADDRESS	Weaver, Sheri
CITY - ST - ZIP		6.4 CITY - ST - ZIP	5640 Golf Club Drive

continued

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:

Verity Charles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1996

Date

407 626-0258

Daytime Phone #

CR2E037 (12/95) 5-1-96 OK

SENIOR TOUR WIVES, INC.

12. Officers and Directors (continued)

Title D
 Name Hendrickson, Jessica
 Address 1316 West Chester Pike
 City-St-Zip West Chester, PA 19382

Title D
 Name Rodriguez, Iwalani
 Address c/o Eddie Elias, 1720 Merriman Road
 City-St-Zip Akron, OH 44313

Title D
 Name Douglass, Joyce
 Address 6601 E. San Miguel
 City-St-Zip Paradise Valley, AZ 85253

Title D
 Name Stockton, Cathy
 Address 32373 Tres Lugas
 City-St-Zip Mentone, CA 92359

999title D
 Name Sigel, Betty
 Address 1284 Farm Road
 City-St-Zip Berwyn, PA 19312