


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 % CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	Mailing Address SENIOR TOUR WIVES, INC P O BOX 323 PONTE VEDRA BCH FL 32004 US
--	--

3. Date Incorporated or Qualified 12/09/1994	Applied For
4. FEI Number 59-3299270	Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MURPHY, GAIL
STREET ADDRESS	DELRAY, DUNES GOLF CLUB
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ALBUS, BRENDA
STREET ADDRESS	3972 SOMEREST DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	GILBERT, BRENDA
STREET ADDRESS	505 CROMWELL WAY
CITY-ST-ZIP	LEXINGTON KY 40523-3239
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SIGEL, BETTY
STREET ADDRESS	1284 FARM RD.
CITY-ST-ZIP	BERWYN PA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DICKSON, CAROLYN
STREET ADDRESS	8208 SEVEN MILE DR.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WEAVER, SHERI
STREET ADDRESS	5640 GOLF CLUB DR.
CITY-ST-ZIP	BRASELTON GA 30517

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles, Verity
3.3 STREET ADDRESS	42 Windward Isle
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418-804
4.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Crampton, Marlene
4.3 STREET ADDRESS	80-472 Pebble Beach
4.4 CITY-ST-ZIP	La Quinta, CA 92253
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Colbert, Marcia
5.3 STREET ADDRESS	1641 Pebble Beach
5.4 CITY-ST-ZIP	La Quinta, CA 92253
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Morgan, Geraldine
6.3 STREET ADDRESS	136 Governors Road
6.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

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: Gail Murphy **REQUIRED** 904/285-3700

CP2E037 (10/97)

SENIOR TOUR WIVES, INC.

Item 12. Officers & Directors Cont.

Title: D
Name: Carol Allin
Street Address: 806 Buchanon Blvd. 115-303
City-St-Zip: Boulder City, NV 89005

Title: D
Name: Helen Bland
c/o IMG
Street Address: 1 Erieview Plaza Suite 1300
City-St-Zip: Cleveland, OH 44144

Title: D
Name: Joanna Ziegler
Street Address: 6209 Dartmoor Ct.
City-St-Zip: Orlando, FL 32819

Title: D
Name: Linda Dill
Street Address: 305 Acorn
City-St-Zip: New Braunfels, TX 78130

Title: D
Name: Thompson, Lea
Street Address: 7250 Oakmont Court
City-St-Zip: Ponte Vedra Beach, FL 32082