

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90005 001 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006302

1. Corporation Name

SUWANNEE VALLEY TENNIS ASSOCIATION, INC.

Principal Place of Business

3666 N.W. 13TH PLACE
GAINESVILLE FL 32605

Mailing Address

3666 N.W. 13TH PLACE
GAINESVILLE FL 32605



2. Principal Place of Business 21 4259 S.E. 79 th STR		2a. Mailing Address 26 4259 SE 79 th STR		3. Date Incorporated or Qualified 12/23/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3288259	
23 City & State Ocala, FL		28 City & State Ocala, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34480		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

PRIEST, CATHY
4259 S.E. 79TH STREET
OCALA FL 34480

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

Cathy Priest

(NOTE: Registered Agent Signature required when reinstating)

28 JULY 99

Signature, typed or printed name of registered agent and title if applicable.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HALL, DAVID W	1.2 NAME	CATHY PRIEST
STREET ADDRESS	3666 NW 13TH STREET	1.3 STREET ADDRESS	4259 S.E. 79 th STR
CITY-ST-ZIP	GAINESVILLE FL 32605	1.4 CITY-ST-ZIP	Ocala, FL 34480
TITLE	VPD	2.1 TITLE	VPD
NAME	HODGE, CLARK	2.2 NAME	Hall, David W
STREET ADDRESS	3500 S.W. 2ND AVE	2.3 STREET ADDRESS	3666 N.W. 13 th STR
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VPD	3.1 TITLE	
NAME	HAWK, ZELDA J	3.2 NAME	
STREET ADDRESS	4411 NW 14TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	DEIST, ROBERT	4.2 NAME	HODGE, CLARK
STREET ADDRESS	2701 NW 36TH DRIVE	4.3 STREET ADDRESS	3500 S.W. 2 nd Ave
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville, FL
TITLE	TD	5.1 TITLE	
NAME	JONES, CHANDLER	5.2 NAME	
STREET ADDRESS	2026 N.W. 27TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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	

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, with all other like empowered.

SIGNATURE: *Cathy Priest*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 JULY 99

Date

352-732-9574

Daytime Phone #

CR2E037 (5/99)