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FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02755 (7)

1. Corporation Name

ISREAL TENNIS CENTERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2151 W. HILLSBORO BLVD  
STE 100  
DEERFIELD BEACH FL 33442-12752151 W. HILLSBORO BLVD  
STE 100  
DEERFIELD BEACH FL 33442-12753. Date Incorporated or Qualified  
07/19/19843a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

13-2961273

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROSEN, ARNOLD~~  
~~5812 WATERFORD~~  
~~BOCA RATON FL 33496~~

81 Name

Lecker, Stephen

82 Street Address (P.O. Box Number is Not Acceptable)

3450 South Ocean Blvd. # 606

83

84 City

Highland Beach

FL

85 Zip Code

33487

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

Stephen Lecker, Executive Director

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME ROSEN, HAROLD  
STREET ADDRESS 2100 MAGNOLIA LANE  
CITY-ST-ZIP HIGHLAND PK IL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME GOLDNER, ALAN  
STREET ADDRESS 18 MAPLE TERRACE  
CITY-ST-ZIP MAPLEWOOD NY2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VP ☐ DELETE  
NAME COHEN, MAURICE  
STREET ADDRESS 11 PARTRIDGE CIRCLE  
CITY-ST-ZIP PORTLAND ME3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME SELATI, SYDNEY  
STREET ADDRESS 1265 LA JOLLA RANCHO RD  
CITY-ST-ZIP LA JOLLA CA4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VP ☒ DELETE  
NAME COHEN, GERALD  
STREET ADDRESS GREENLEY CAPITAL CO-150 W-56TH STREET  
CITY-ST-ZIP NEW YORK NY5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME Lippy, Sandra  
5.3 STREET ADDRESS 298 Hawthorne Lane  
5.4 CITY-ST-ZIP Warren, Ohio 44484TITLE S ☐ DELETE  
NAME KEEFER, JOYCE E  
STREET ADDRESS 1221 OCEAN AVE, #1003  
CITY-ST-ZIP SANTA MONICA CA6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: 2/24/97 Stephen Lecker, Executive Director 954-480-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042987

CR2E037 (9/96)