

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 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 # **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 33442-1275

2151 W. HILLSBORO BLVD
STE 100
DEERFIELD BEACH FL 33442-1275



3. Date Incorporated or Qualified

07/19/1984

4. FEI Number

13-2961273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LECKER, STEPHEN
3450 S OCEAN BLVD #606
HIGHLAND BCH FL 33487

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

TITLE ☐ DELETE

NAME **D ROSENSON, HAROLD**
STREET ADDRESS **2100 MAGNOLIA LANE**
CITY-ST-ZIP **HIGHLAND PK IL**

TITLE ☐ DELETE

NAME **D GOLDNER, ALAN**
STREET ADDRESS **18 MAPLE TERRACE**
CITY-ST-ZIP **MAPLEWOOD NY**

TITLE ☐ DELETE

NAME **VP COHEN, MAURICE**
STREET ADDRESS **11 PARTRIDGE CIRCLE**
CITY-ST-ZIP **PORTLAND ME**

TITLE ☐ DELETE

NAME **D SELATI, SYDNEY**
STREET ADDRESS **1265 LA JOLLA RANCHO RD**
CITY-ST-ZIP **LA JOLLA CA**

TITLE ☐ DELETE

NAME **VP LIPPY, SANDRA**
STREET ADDRESS **298 HAWTHORNE LN**
CITY-ST-ZIP **WARREN OH**

TITLE ☐ DELETE

NAME **S KEEFER, JOYCE E**
STREET ADDRESS **1221 OCEAN AVE, #1003**
CITY-ST-ZIP **SANTA MONICA CA**

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:

SIGNATURE REQUIRED

ALAN GOLDNER

1/15/98

954-480-6333

CR2E037 (10/97)