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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 8:58

DOCUMENT # **P12353** (9)

1. Corporation Name
WOMEN'S TENNIS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**133 FIRST ST. N.E.
ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified **12/03/1986** 3a. Date of Last Report **04/08/1994**

4. FEI Number **94-2267105** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1740 Broadway, 16th Floor **26 1740 Broadway, 16th Floor**
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State **New York, NY** 27 City & State **New York, NY**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip **10019** Country **USA** 29 Zip **10019** Country **USA**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 25 29 30 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SMITH, GERARD
133 FIRST ST., NE
ST. PETERSBURG FL 33701**

10. Name and Address of Now Registered Agent
81 Name **Jan J. Meder**
82 Street Address (P.O. Box Number is Not Acceptable) **133 First Street NE**
83
84 City **St. Petersburg** FL 85 Zip Code **33701**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Jan J. Meder* **Jan J. Meder** **5-15-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ADAMS, KATRINA
STREET ADDRESS	5454 NEW CASTLE, #1946
CITY - ST - ZIP	HOUSTON TX
TITLE	DP
NAME	SHRIVER, PAMELA
STREET ADDRESS	2324 W. JOPPA RD STE 650
CITY - ST - ZIP	LUTHERVILLE MD
TITLE	SD
NAME	SMYLIE, ELIZABETH
STREET ADDRESS	133 1ST STREET NE.
CITY - ST - ZIP	ST. PETERSBURG FL 33701
TITLE	TD
NAME	BURGIN, ELISE
STREET ADDRESS	3 SAPPHIRE HILL COURT
CITY - ST - ZIP	BALTIMORE MD
TITLE	VD
NAME	NAVRATILOVA, MARTINA
STREET ADDRESS	133 1ST ST. NE
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	SMITH, GERARD
STREET ADDRESS	133 FIRST STREET, NE
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADAMS, KATRINA
1.3 STREET ADDRESS	2918 Double Lake Drive
1.4 CITY - ST - ZIP	Missouri City, TX 77459
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mercedes Paz
3.3 STREET ADDRESS	San Martin 662 I.D.
3.4 CITY - ST - ZIP	Buenos Aires, Argentina 1004
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marianne Werdel Witmeyer
4.3 STREET ADDRESS	#78 St. Malo Beach
4.4 CITY - ST - ZIP	Oceanside, CA 92054
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NAVRATILOVA, MARTINA
5.3 STREET ADDRESS	P.O. Box 3437
5.4 CITY - ST - ZIP	N/A
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Karen Feldman
6.3 STREET ADDRESS	1740 Broadway, 16th Floor
6.4 CITY - ST - ZIP	New York, NY 10019

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or if an attachment with an address.

SIGNATURE: *Karen Feldman* **Karen Feldman** **5-18-95** **(212)399-1165**
Signature and typed or printed name of signing officer or director Date (Include Phone #)