

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P12353**  
1. Corporation Name

**WOMEN'S TENNIS ASSOCIATION, INC.**

Principal Place of Business: **1740 BROADWAY, 16TH FLOOR NEW YORK, NY 10019**  
Mailing Address: **1740 BROADWAY, 16TH FLOOR NEW YORK, NY 10019**

2. Principal Place of Business: **21 1740 BROADWAY, 16TH FLOOR**  
2a. Mailing Address: **26 1740 BROADWAY, 16TH FLOOR**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **NEW YORK, NY**  
28. City & State: **NEW YORK, NY**  
24. Zip: **10019** 25. Country: **USA** 29. Zip: **10019** 30. Country: **USA**

3. Date Incorporated or Qualified: **12/03/1986** 3a. Date of Last Report: **05/18/95**  
4. FEI Number: **94-2267106** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**JAN J. MEDER  
133 FIRST STREET  
ST. PETERSBURG, FL 33701**

10. Name and Address of New Registered Agent

81. Name: **CT Corporation System**  
82. Street Address (P.O. Box Number is Not Acceptable): **1200 SOUTH FINE ISLAND ROAD**  
83.   
84. City: **PLANTATION** FL 85. Zip Code: **33324**

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 board of directors of the corporation and I, **TIMOTHY B. CARLSON**, Assistant Secretary, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Timothy B. Carlson*

**TIMOTHY B. CARLSON  
ASSISTANT SECRETARY**

**5/23/96**

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	TD	<input type="checkbox"/> DELETE
NAME	ADAMS, KATRINA	
STREET ADDRESS	2918 DOUBLE LAKE DRIVE	
CITY-ST-ZIP	MISSOURI CITY, TX 77459	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHRIVER, PAM	
STREET ADDRESS	2324 W. JOPPA ROAD STE 650	
CITY-ST-ZIP	LUTHERVILLE, MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WERDEL WITMEYER, MARIANNE	
STREET ADDRESS	#78 ST. MALO BEACH	
CITY-ST-ZIP	OCEANSIDE, CA 92054	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PAZ, MERCEDES	
STREET ADDRESS	SAN MARTIN 662 I.D.	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA 1004	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NAVRATILOVA, MARTINA	
STREET ADDRESS	1740 BROADWAY 16TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, KAREN M.	
STREET ADDRESS	1740 BROADWAY, 16TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHRIVER, PAM	
2.3 STREET ADDRESS	401 WASHINGTON AVE. STE 902	
2.4 CITY-ST-ZIP	TOWSON, MD 21204	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARENDET, NICOLE	
5.3 STREET ADDRESS	8 MONROE COURT RD 4	
5.4 CITY-ST-ZIP	PRINCETON, NJ 08540	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**000001879570**  
**-06/28/96--01080--003**  
**\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE:

*Karen M. Feldman*

**KAREN M. FELDMAN**

**05/28/96**

**(212) 399-1165**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)