

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000024724 (5)

1. Corporation Name

ISLAMORADA TENNIS CLUB, INC.



Principal Place of Business

76320 OVERSEAS HWY  
ISLAMORADA FL 33036

Mailing Address

76320 OVERSEAS HWY  
ISLAMORADA FL 33036

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0489102

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

GREGG, MARK H  
89240 OVERSEAS HWY  
SUITE 5  
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

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 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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D REGISTER, GARY A  
76320 OVERSEAS HWY  
ISLAMORADA FL 33036 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE  
2. NAME  
2. STREET ADDRESS  
2. CITY-ST-ZIP  
OFFICER  
STOCK, SONIA F.  
76320 OVERSEAS HWY  
ISLAMORADA, FLA 33036 ☐ Change ☐ Addition

3. TITLE  
3. NAME  
3. STREET ADDRESS  
3. CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE  
4. NAME  
4. STREET ADDRESS  
4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE  
5. NAME  
5. STREET ADDRESS  
5. CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE  
6. NAME  
6. STREET ADDRESS  
6. CITY-ST-ZIP ☐ Change ☐ Addition

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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 25, 1996 305 664-5340

CR2E034 (12/95)