FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:32

DOCUMENT # P94000064323 (6)

1. Corporation Name
TENNIS CLUB AT SAND KEY, INC.

Principal Place of Business
1560 GULF BLVD.
CLEARWATER FL 34630

Mailing Address
1560 GULF BLVD.
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 610 Belle Isle Avenue
Suite, Apt. #, etc. 27
City & State 28 Belleair Beach, FL
Zip 29 34634 Country 30

4. FEI Number: 59-3290085 — 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

KAPLAN, ROBERTA D
1560 GULF BLVD.
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 610 Belle Isle Avenue
83
84 City: Belleair Beach FL
85 Zip Code: 34634

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	ST
NAME	COBB, TED	KAPLAN, ROBERTA D
STREET ADDRESS	1560 GULF BLVD.	1560 GULF BLVD.
CITY ST ZIP	CLEARWATER FL 34630	CLEARWATER FL 34630

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D (XX Change ☐ Addition)	V/S/D (XX Change ☐ Addition)
NAME		
STREET ADDRESS	11556 Tradewinds Blvd.	610 Belle Isle Avenue
CITY ST ZIP	Largo, FL 34643	Belleair Beach, FL 34634

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Roberta D Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roberta D. Kaplan, Vice President

3/20/95 Date
(813) 595-0361 Daytime Phone #

0361035 CP