FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

P95000070418 (5)

DOCUMENT #
1. Corporation Name THE TENNIS CLUB AT EAGLE TRACE, INC.

FILED Apr 24 1996 8:00 am Secretary of State

BELLE BRILL BRILL I		

Principal Place	of Business	Mailing Address				
3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065		3300 University de Coral Springs Fl				
						3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1995
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0615046 Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28	· · · · · · · · ·			Trust rund Communition Added to Fees
Zγρ	Country	Zip	7	untry		8. This corporation has liability for intangible tax under s 199.032,
24	[25]	29	30	7		Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Negistered Agent
0000				"		
	ON, K. Y			82	Street A	Address (P.O. Box Number is Not Acceptable)
	UNIVERSITY DRIVE			83		
CURAI	L SPRINGS FL 33065					
				84	City	FL 85 Zip Code
	007.05.00	. 1.007 4500 Ct- 1-1- Ct- 1		ليل		tion at the state and for the same of changing its societored office.
11. Pursuant to or register	a the provisions of Sections 607.0502 a ed agent, or both, in the State 🗥 lorida	ing 607.1508, Florida Statut i. Such change was authoriz	es, the ac ed by the	corp	oration's	orporation submits this statement for the purpose of changing its registered office board of directors. Hereby accept the appointment as registered agent. I am
familiär wit	h, and accept the obligations of Section	n 6 9 7.0505, Florida Statutes	.			
SIGNATURE _	len //don	Kenn	eth Y		ordo	in 4/22/96 DATE
12.	Significial and or printed hame of registered agent a OFFICERS AND		13.		i sgrature ii	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIDLE	D	[] DELETE		TITLE		TAS Change Addition
NAME	RAMSEY, R. W			NAME		DISTEFANO, P. L.
STREET ADDRESS	3300 UNIVERSITY DRIVE				ADDRESS	3300 University Drive
CITY+ST+7IP	CORAL SPRINGS FL 33065			CITY-S		Coral Springs, FL 33065
111LF	PD	DELETE		TITLE		Change Addition
NAMÉ	MCGOWAN, J. P		221	NAME		200001799572
STREET ADDRESS	3300 UNIVERSITY DRIVE		1		ADDRESS	-04/24/9601095036
C-TY - S7 - 7IP	CORAL SPRINGS FL 33065			CITY - S		***200.00
1II'LE	VD	DELETE		TITLE		Change Addition
NAME	MUCCI, M. E	 -		NAME		
STREE! ADDRESS	3300 UNIVERSITY DRIVE		33	STREET	r address	
CITY - ST - ZIP	CORAL SPRINGS FL 33065		3.4	CITY-S	T-21P	
TITLE	V	DELETE		TITLE		VS Change Addition
NAME	TARAVELLA, J. P JR.		4.2	NAME		TARAVELLA, J.P. JR.
STREET ADORESS	3300 UNIVERSITY DRIVE		43	STREET	ADDRESS	3300 University Drive
CITY-ST-ZIF	CORAL SPRINGS FL 33065		4.4	CHTY - S	1 - 71P	Coral Springs, FL 33065
TILE		[] DELETE		TITLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS			53	STREET	ADDRESS	
CITY-ST-7IP			1	CITY - S		
TILE		DELETE		TITLE		Change Addition
NAME		•	6.2	NAME		NCO.
STREET ADDRESS					ADDRESS	9
CITY-ST-ZIP			1	CITY-S		4-24-86
4.4 Lelectroscoli	L portify that the information supplied w	ith this filing is voluntarily fur				alify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further

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 concentration of the concentra

SIGNATURE: _ SIGNATURE AND TYPED BE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

James P. McGowan, President

4/22/96