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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000100559 (8)

1. Corporation Name

LONGBOAT KEY PUBLIC TENNIS CENTER, INC.



Principal Place of Business

Mailing Address

2089 GULF OF MEXICO DR. SUITE 213
LONGBOAT KEY FL 34228

2089 GULF OF MEXICO DR. SUITE 213
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, DAVID P
2201 RINGLING BLVD SUITE 104
SARASOTA FL 34237

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PRESIDENT
STREET ADDRESS JOHN MRACHEK
CITY-ST-ZIP 2089 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME PRESIDENT
1.3 STREET ADDRESS JOHN MRACHEK
1.4 CITY-ST-ZIP 2089 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 *

TITLE ☐ DELETE
NAME VICE-PRESIDENT (T+S)
STREET ADDRESS RICHARD SCHLORF
CITY-ST-ZIP 1932 HARBOURSIDE DR
LONGBOAT KEY, FL 34228

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME VICE-PRESIDENT (T+S)
2.3 STREET ADDRESS RICHARD SCHLORF
2.4 CITY-ST-ZIP 1932 HARBOURSIDE DR
LONGBOAT KEY, FL 34228 *

TITLE ☐ DELETE
NAME DIRECTOR
STREET ADDRESS REID HANS
CITY-ST-ZIP 1500 TENNIS LANE
SIOUX FALLS, S.D.

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME DIRECTOR
3.3 STREET ADDRESS REID HANS
3.4 CITY-ST-ZIP 1500 TENNIS LANE
SIOUX FALLS, S.D. *

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP *SHOULD HAVE ALL BEEN
REPORTED AT INCORPORATION

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John Mrachek* JOHN MRACHEK 4-28-98 941-383-9687

CP2E034 (10/97)