

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V23848** (7)
1. Corporation Name
OASIS TENNIS CLUB, INC.



Principal Place of Business 4056 PRINCETON ST. FT MYERS FL 33901 US	Mailing Address 13700-5 RALEIGH LN. FT MYERS FL 33919-6270
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3. Date Incorporated or Qualified 03/26/1992		3a. Date of Last Report 04/11/1996	
4. FEI Number 59-3115375		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address		10. Name and Address of New Registered Agent	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
23 Zip	25 Country	28 Zip	30 Country	83	84 City
9. Name and Address of Current Registered Agent				85 Zip Code	
SHORTRIDGE, STEPHEN D. 13700-5 RALEIGH LANE FT. MYERS FL 33919				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORTRIDGE, STEPHEN D	1.2 NAME	
STREET ADDRESS	13700-5 RALEIGH LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	1.4 CITY - ST - ZIP	33919
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALPIN, LANNY	2.2 NAME	
STREET ADDRESS	621 SW 3RD CT 104	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	2.4 CITY - ST - ZIP	33991
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORTRIDGE, LYNN W	3.2 NAME	
STREET ADDRESS	13700-5 RALEIGH LN.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33919	3.4 CITY - ST - ZIP	FT. MYERS
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULTE, JUDITH D.	4.2 NAME	
STREET ADDRESS	621 S.W. 3RD CT. 104	4.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	4.4 CITY - ST - ZIP	33991
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: Stephen D. Shortridge Date: 4/27/97 Daytime Phone #: 941-275-5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: STEPHEN D. SHORTRIDGE - PRESIDENT

CR2E034 (9/96)