

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758947

**FILED**  
**May 18, 2011**  
**Secretary of State**

**Entity Name:** SPARKLING CLEARWATER DEPRESSION GLASS CLUB, INC.

**Current Principal Place of Business:**

58 BAY WOODS DR  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

58 BAY WOODS DR  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 59-2437475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, TOM  
58 BAY WOODS DR  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POPPLER, ALICE  
Address: 2124 CATALINA DRIVE SOUTH  
City-St-Zip: CLEARWATER, FL 33764

Title: T  
Name: CAMPBELL, TOM  
Address: 58 BAY WOODS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S  
Name: WYLCOFF, KATHRYN  
Address: 851 ORANGVIEW DR  
City-St-Zip: LARGO, FL 33778

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS L CAMPBELL

T

05/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date