

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90058 035 ****69.90

DOCUMENT # N01000003078

1. Entity Name
TABLE SHUFFLEBOARD ASSOCIATION, INC.



Principal Place of Business
 12710 RED DEER PASS
 AUSTIN, TX 78729

Mailing Address
 12710 RED DEER PASS
 AUSTIN, TX 78729

40020000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 68-0346464

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 CORAL WAY
 4TH FLOOR
 MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME HITT, DAN
 STREET ADDRESS 7401 NORTH CRESTLINE
 CITY-ST-ZIP SPOKANE, WA 99217

TITLE D Change Addition
 NAME Bob HUNT
 STREET ADDRESS 380 Cedar River Way
 CITY-ST-ZIP Sacramento, CA 95831

TITLE DV Delete
 NAME SHEWBRIDGE, DAVE
 STREET ADDRESS 8450 LYNDAL ROAD
 CITY-ST-ZIP PASADENA, MD 21122

TITLE D Change Addition
 NAME Harvey Kidd
 STREET ADDRESS 11915 Mountain Ridge Rd
 CITY-ST-ZIP HOUSTON, TX 77043

TITLE TD Delete
 NAME FRENCH, LYNDIA P
 STREET ADDRESS 12710 RED DEER PASS
 CITY-ST-ZIP AUSTIN, TX 78729

TITLE D Change Addition
 NAME Hal PERRY
 STREET ADDRESS 942 DONORA WAY
 CITY-ST-ZIP SACRAMENTO, CA 95838

TITLE SD Delete
 NAME SEXTON, DEBBIE
 STREET ADDRESS 7222 HIDDEN TRAILS N
 CITY-ST-ZIP SAN ANTONIO, TX 78244

TITLE D Change Addition
 NAME GERALD Siebert
 STREET ADDRESS 3990 Willow Ridge Drive
 CITY-ST-ZIP HOLT, MI 48842

TITLE D Delete
 NAME CREAKBAUM, LARRY
 STREET ADDRESS 5105 BALTUSTROL DRIVE
 CITY-ST-ZIP AVON, IN 46123

TITLE D Change Addition
 NAME Donald P. Valk
 STREET ADDRESS 8003 BOUNTY TRAIL
 CITY-ST-ZIP AUSTIN, TX 78749

TITLE D Delete
 NAME FREER, LOUISE C
 STREET ADDRESS 189 BARRY AVE
 CITY-ST-ZIP LANSDALE, PA 19446

TITLE D Change Addition
 NAME Steve Walker
 STREET ADDRESS 122 W. Broadway
 CITY-ST-ZIP CUSHING, OK 74023

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lyndia P. French (LYNDIA P. FRENCH)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

512-250-0327


Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#11 Continued
Page 2
(#11 continued for additional directors)

ATTACHMENT

40020390

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02032007		Chg-NP	CR2E037 (12/06)
4. FEI Number 68-0346464		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. (continued) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HITT, DAN 7401 NORTH CRESTLINE SPOKANE, WA 99217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK MAKO 1068 NW PRINDLE Street Chehalis, WA 98532 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHEWBRIDGE, DAVE 8450 LYNDALE ROAD PASADENA, MD 21122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rick PITTMAN 555 WESTWOOD Road HOUSTON, MO 65483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRENCH, LYNDAP 12710 RED DEER PASS AUSTIN, TX 78729 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Payne 1230 S. 166th Street Omaha, NE 68130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEXTON, DEBBIE 7222 HIDDEN TRAILS N SAN ANTONIO, TX 78244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL Salazar 9227 W. Kathleen Road Peoria, AZ 85382 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREAKBAUM, LARRY 5105 BALTUSTROL DRIVE AVON, IN 46123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRED JOHNS 314 3RD Street Lonsview, WA 98632 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREER, LOUISE C 189 BARRY AVE LANSDALE, PA 19446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Lynda P French (LYNDAP, FRENCH)</i>		Date: _____ Daytime Phone #: 512-250-0329	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	