2007 NOT-FOR-PROFIT CORPORATION

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

ANNUAL REPORT	WIION

DOCUMENT # N0100003078 1. Entity Name TABLE SHUFFLEBOARD ASSOCIATION, INC.							02-19-		_)35 ****			
Principal Place of Business Mailing Address 12710 RED DEER PASS 12710 RED DEER PASS AUSTIN, TX 78729 AUSTIN, TX 78729					Δ () () & () () () () () () () () () () () () ()								
2. Principal P	Place of Busi	ness - No P.O. Box #	3. Mai	ling Address	- -	 -							
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City & Stat	te		Cit	ty & State				4. FEI Numbe 68-034					oplied For ot Applicable
Zip		Country	Zip		Cou	untry		5. Certificate	of Status Desi	ired		8.75 Adee Require	
	6. Name	and Address of Current	Registere	ed Agent				7. Name and	Address of N	New Regi	stered A	gent	
						Name							
SPIEGEL		'A, P.A.											
1840 COR						Street A	Address (i	P.O. Box Numbe	er is Not Acce	ptable)			
4TH FLOC			•										···
MIAMI, FL	33145												
,						City					FL	Zip Coo	le
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.													
SIGNATURESignature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE													
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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Page Zinuado (+11 continuado) DOCUMENT # N01000003078 TABLE SHUFFLEBOARD ASSOCIATION, INC. ATTACHMENT Principal Place of Business Mailing Address 12710 RED DEER PASS 12710 RED DEER PASS AUSTIN, TX 78729 AUSTIN, TX 78729 0020390 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032007 CR2E037 (12/06) Chq-NP Applied For City & State City & State 4. FEI Number 68-0346464 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145 Zip Code FL 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) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 11/(on tine of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD ☐ Change TITLE □ Delete TOLE FRANK MAKO 1048 NW PRINDLE STREET HITT, DAN NAME NAME STREET ADDRESS 7401 NORTH CRESTLINE STREET ADDRESS Chehalis, WA 98532 CITY-ST-ZIP SPOKANE, WA 99217 CITY-ST-ZIP DILE Change **Addition** ☐ Delete TITLE ŘÍCK PÍHMAN 555 WESTWOOD Road SHEWBRIDGE, DAVE NAME NAME STREET ADDRESS STREET ADDRESS 8450 LYNDALE ROAD HOUSTON, MO 65483 PASADENA, MD 21122 CITY-ST-ZIP CITY-ST-ZIF ☐ Change DTLE TD Delete TITLE X Addition Jim Payne 1230 5, 164th Street FRENCH, LYNDA P NAME NAME 12710 RED DEER PASS STREET ADDRESS STREET ADDRESS Omaha, NE <u>68130</u> CITY-ST-ZIP CITY-ST-ZIP AUSTIN, TX 78729 ☐ Change Addition ☐ Delete TITLE SD TITLE SEXTON, DEBBIE AL Salazzaf 9227 W. Kathleen Road NAME NAME STREET ADDRESS STREET ADDRESS 7222 HIDDEN TRAILS N CITY-ST-782 Peoria, AZ 85382 CITY-ST-7P SAN ANTONIO, TX 78244 Change **Addition** ☐ Delete TITLE TITLE CREAKBAUM, LARRY NAME FRED JOHNS NAME 314 32ND STREET STREET ADDRESS STREET ADDRESS 5105 BALTUSTROL DRIVE CITY-ST-ZIP CITY-ST-7IP AVON, IN 46123 X Addition ☐ Detete TITLE Change | TITLE FREER, LOUISE C NAME 189 BARRY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANSDALE, PA 19446 .CITY-ST-ZIP 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.