


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90318 024 ****70.00

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		
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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2008		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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITT, DAN		NAME		
STREET ADDRESS	7401 NORTH CRESTLINE		STREET ADDRESS		
CITY-ST-ZIP	SPOKANE, WA 99217		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	VIP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEWBRIDGE, DAVE	<i>change title</i>	NAME	SHEWBRIDGE, DAVE	<i>only title</i>
STREET ADDRESS	8450 LYNDALE ROAD		STREET ADDRESS	8450 LYNDALE ROAD	
CITY-ST-ZIP	PASADENA, MD 21122		CITY-ST-ZIP	PASADENA, MD 21122	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, LYNDA P		NAME		
STREET ADDRESS	12710 RED DEER PASS		STREET ADDRESS		
CITY-ST-ZIP	AUSTIN, TX 78729		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, DEBBIE		NAME		
STREET ADDRESS	7222 HIDDEN TRAILS N		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78244		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAKBAUM, LARRY		NAME		
STREET ADDRESS	5105 BALTUSTROL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	AVON, IN 46123		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREER, LOUISE C		NAME		
STREET ADDRESS	189 BARRY AVE		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.					
SIGNATURE: <i>Lynda P. French</i> (LYNDA P. FRENCH)			Date: 4-23-08 Daytime Phone #: 512-250-0327		

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*pg 2 of 3
(2008 Cont'd)*

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 AUSTIN, TX 78729

Mailing Address
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 AUSTIN, TX 78729

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
68-0346464

Applied For
 Not Applicable

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

01282008 Chg-NP CR2E037 (12/06)

40083153

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
 1840 CORAL WAY
 4TH FLOOR
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNT, BOB			NAME			
STREET ADDRESS	380 CEDAR RIVER WAY			STREET ADDRESS			
CITY-ST-ZIP	SACRAMENTO, CA 95831			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIDD, HARVEY			NAME			
STREET ADDRESS	11915 MOUNTAIN RIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77043			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, HAL			NAME			
STREET ADDRESS	942 DONDR A WAY			STREET ADDRESS			
CITY-ST-ZIP	SACRAMENTO, CA 95838			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEBERT, GERALD			NAME			
STREET ADDRESS	3990 WILLOW RIDGE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	HOLT, MI 48842			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALK, DON			NAME			
STREET ADDRESS	8003 BOUNTY TRAIL			STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78749			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, STEVE			NAME			
STREET ADDRESS	122 W BROADWAY			STREET ADDRESS			
CITY-ST-ZIP	CUSHING, OK 74023			CITY-ST-ZIP			

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SIGNATURE: *Lynnda P. French* (LYNDA P. FRENCH) **4-23-08** **512-250-0327**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

9383
(2008 CONT)

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City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
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NAME	MAKO, FRANK	NAME			
STREET ADDRESS	1068 NW PRINDLE STREET	STREET ADDRESS			
CITY-ST-ZIP	CHEHALIS, WA 98532	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PITTMAN, RICK	NAME			
STREET ADDRESS	555 WESTWOOD ROAD	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, MO 65483	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAYNE, JIM	NAME			
STREET ADDRESS	1230 S 166TH STREET	STREET ADDRESS			
CITY-ST-ZIP	OMAHA, NE 68130	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALAZAR, AL	NAME			
STREET ADDRESS	9227 W KATHLEEN ROAD	STREET ADDRESS			
CITY-ST-ZIP	PEORIA, AZ 85382	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNS, FRED	NAME			
STREET ADDRESS	314 32ND STREET	STREET ADDRESS			
CITY-ST-ZIP	LONGVIEW, WA 98632	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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