FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07369** **(4)**

1. Corporation Name

CLEARWATER DUPLICATE BRIDGE CLUB, INC.

Principal Place of Business	Mailing Address
% ELIHU H. BERMAN 1525 S. BELCHER ROAD CLEARWATER FL 34624	% ELIHU H. BERMAN 1525 S. BELCHER ROAD CLEARWATER FL 34624

3. Date Incorporated or Qualified: **01/29/1985**

3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERMAN, ELIHU H.
1525 S. BELCHER RD.
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	HECKER, BILL		1.2 NAME	JONES, JANET	
STREET ADDRESS	6700 150th Ave. N., Lot 20		1.3 STREET ADDRESS	2170 Americus Blvd., Apt. 57	
CITY-ST-ZIP	Clearwater, FL 34624		1.4 CITY-ST-ZIP	Clearwater, FL 34623	
TITLE	TD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SWAN, DAVID		2.2 NAME	DUGAN, LAVERNE	
STREET ADDRESS	300 S. Duncan Ave., #26		2.3 STREET ADDRESS	2722D Sherbrook Lane	
CITY-ST-ZIP	Clearwater, FL 34616		2.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GARWOOD, RUTH		3.2 NAME	FULTON, MARILYN	
STREET ADDRESS	1719 Cypress Avenue		3.3 STREET ADDRESS	444 Paula Drive	
CITY-ST-ZIP	Clearwater, FL 34616		3.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	EASTLAKE, GEORGE		4.2 NAME	HUMPHREY, LORRAINE	
STREET ADDRESS	1881 Hercules Ave., #1104		4.3 STREET ADDRESS	3555 Sylvan Edge Drive	
CITY-ST-ZIP	Clearwater, FL 34625		4.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAPINE, ARMOND		5.2 NAME		
STREET ADDRESS	820 Weathersfield Drive		5.3 STREET ADDRESS		
CITY-ST-ZIP	Dunedin, FL 34698		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RICKETT, DOYLE		6.2 NAME		
STREET ADDRESS	1556 FARRIER TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Hecker 2/96 813 - 536-6963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #