

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 34624-76033. Date Incorporated or Qualified
01/29/19853a. Date of Last Report
02/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	HECKER, BILL	
STREET ADDRESS	6700 150TH AVENUE NORTH, LOT 20	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	☒ DELETE
NAME	SWAN, DAVID	
STREET ADDRESS	300 SOUTH DUNCAN AVENUE, #26	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	☒ DELETE
NAME	GARWOOD, RUTH	
STREET ADDRESS	1719 CYPRESS AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☒ DELETE
NAME	EASTLAKE, GEORGE	
STREET ADDRESS	1881 HERCULES AVENUE, #1104	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☒ DELETE
NAME	LAPINE, ARMOND	
STREET ADDRESS	820 WEATHERSFIELD DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	☒ DELETE
NAME	RICKETT, DOYLE	
STREET ADDRESS	1556 FARRIER TRAIL	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	P.P.	☒ Change ☐ Addition
1.2 NAME	JONES, JANET	
1.3 STREET ADDRESS	2170 Americus Blvd., #53	
1.4 CITY-ST-ZIP	Clearwater, FL 34623	
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME	GLASNAP, PATRICIA	
2.3 STREET ADDRESS	2519 McMullen Booth Rd., 510-303	
2.4 CITY-ST-ZIP	Clearwater, FL 34621	
3.1 TITLE	T/D	☒ Change ☐ Addition
3.2 NAME	SWAN, JR., DAVID S.	
3.3 STREET ADDRESS	300 S. Duncan Ave., 236	
3.4 CITY-ST-ZIP	Clearwater, FL 34615	
4.1 TITLE	S/D	☒ Change ☐ Addition
4.2 NAME	GARWOOD, RUTH	
4.3 STREET ADDRESS	1719 Cypress Ave.	
4.4 CITY-ST-ZIP	Belleair, FL 34616	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	RICKETT, DOYLE	
5.3 STREET ADDRESS	1556 Farrier Trail	
5.4 CITY-ST-ZIP	Clearwater, FL 34625	
6.1 TITLE	P	☒ Change ☐ Addition
6.2 NAME	DUGEN, LAVERNE	
6.3 STREET ADDRESS	2722D Sherbrooke Ln.	
6.4 CITY-ST-ZIP	Palm Harbor, FL 34684	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David S. Swan, Jr.

FEB 28 1997

813-461-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0087876

CR2E037 (9/96)