FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90024 020 ****61.25

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DOCUMENT # N07369

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/29/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ 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	PD	☐ Change ☐ Addition
NAME	OWENS, ROBERT		1.2 NAME	LONGMAN, JACK	
STREET ADDRESS	862 CENTERWOOD DRIVE		1.3 STREET ADDRESS	2786 CAMDEN ROAD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	LONGMAN, JACK		2.2 NAME	HARRISON, KEITH	
STREET ADDRESS	2786 CAMDEN ROAD		2.3 STREET ADDRESS	201 WINDWARD ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33759		2.4 CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	SWAN, JR. D		3.2 NAME	SWAN, JR. D	
STREET ADDRESS	300 S DUNCAN AVE., 236		3.3 STREET ADDRESS	300 S DUNCAN AVE, 236	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	NELSON, FRANCES		4.2 NAME	MILLER, BETTY	
STREET ADDRESS	903 WHIPOORWILL DR		4.3 STREET ADDRESS	1411 ARROWHEAD CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34695		4.4 CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DEUTSCH, BOB		5.2 NAME	GREGG, PAT	
STREET ADDRESS	515 TABOR CT.		5.3 STREET ADDRESS	3113 STATE RD 580	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		5.4 CITY-ST-ZIP	SAFETY HARBOR, FL 32435	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HUMPHRY, LORRAINE		6.2 NAME	WEBB, JOAN	
STREET ADDRESS	3555 SYLVAN EDGE DRIVE		6.3 STREET ADDRESS	201 WINDWARD ISLAND	
CITY-ST-ZIP	PALM HARBOR FL 34685		6.4 CITY-ST-ZIP	CLEARWATER, FL 33767	

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14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/23/99 727-461-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David S. Swan, Jr., P.A.