

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90579 015 ****61.25

DOCUMENT # N27341

1. Entity Name
RACQUET CLUB MEMBERS, INC.



Principal Place of Business
**170 47TH AVENUE N.E.
ST. PETERSBURG, FL 33703**

Mailing Address
**170 47TH AVENUE N.E.
ST. PETERSBURG, FL 33703**

20037036



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2913656

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARVONEN, JOHN E.
SUITE 410, FLORIDA FEDERAL BUILDING NE
3637 FOURTH STREET NORTH
ST. PETERSBURG, FL 33704**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **P** ☐ Delete
NAME **CRAIG, MARSHALL**
STREET ADDRESS **706-19 AVE. NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **DVP** ☒ Delete
NAME **CORTY, ANDREW**
STREET ADDRESS **242 RAFAEL BLVD. NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

TITLE **DT** ☒ Delete
NAME **TUSHAUS, PAM**
STREET ADDRESS **8625 E. BAY DRIVE**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **DS** ☐ Delete
NAME **GEHANT, PAT**
STREET ADDRESS **1149 87TH AVENUE N**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

TITLE **D** ☐ Delete
NAME **PROPER, BUZZ**
STREET ADDRESS **5005 WINDMIL PALM TERRACE N.E.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **D** ☒ Delete
NAME **LAGERGREN, DAWN**
STREET ADDRESS **6803-E 16TH STREET, NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Tom Shelvin**
STREET ADDRESS **4090 14th Ln NE**
CITY-ST-ZIP **St Petersburg, FL 33703**

TITLE **DT** ☐ Change ☒ Addition
NAME **BRAD Tuskaus**
STREET ADDRESS **8625 E Bay Dr.**
CITY-ST-ZIP **TREASURE Island, FL 33706**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition
NAME **Shelia Routh**
STREET ADDRESS **1917 Iowa Ave NE**
CITY-ST-ZIP **St Petersburg, FL 33703**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

Date

Daytime Phone #