

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 11, 2006  
Secretary of State**

DOCUMENT# N32402

Entity Name: THE NORTH PINEVILLE SPORTSMAN CLUB, INC.

**Current Principal Place of Business:**

6900 HWY 97-A  
WALNUT HILL, FL 32568 US

**New Principal Place of Business:**

**Current Mailing Address:**

6900 HWY 97-A  
WALNUT HILL, FL 32568 US

**New Mailing Address:**

FEI Number: 59-3007910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CLOUD, RONNIE  
6900 HWY 97-A  
MC DAVID, FL 32568 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLOUD, RONNIE  
Address: 6900 HWY 97-A  
City-St-Zip: MC DAVID, FL 32568

Title: VD ( ) Delete  
Name: WILLIAMS, JOHN  
Address: 1549 WILLIAMS DITCH ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: STD ( ) Delete  
Name: SHIRLEY, EDDIE  
Address: 1472 STEFANI CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: NATHANIEL, MCINTYRE  
Address: 642 HAMLEY DOWNS DR.  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE CLOUD

PD

06/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date