


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90297 014 \*\*\*\*70.00

DOCUMENT # N96000002881  
 1. Entity Name  
 UNITED STATES CROQUET ASSOCIATION, INC.



Principal Place of Business: 700 FLORIDA MANGO RD WEST PALM BEACH FL 33406  
 Mailing Address: 700 FLORIDA MANGO RD WEST PALM BEACH FL 33406



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: 13-2970598  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRACKETT, RICHARD L  
 2156 WIGHTMAN DR  
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent  
 Name: SHEREEN HAYES  
 Street Address (P.O. Box Number is Not Acceptable):  
 14663 76th Rd N  
 City: LOXAHATCHEE FL Zip Code: 33470

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: SHEREEN S. HAYES (Signature, type or printed name of registered agent and title if applicable)  
[Signature] (NOTE: registered Agent signature required when reinstating)  
 DATE: 4/12/05

**FILE NOW: 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: DP	BRACKETT, RICHARD 2156 WIGHTMAN DR WELLINGTON FL 33414 <input checked="" type="checkbox"/> Delete
TITLE: <del>VP</del> VP	ROBINSON, ANNE FROST 21 VINCENT AVENUE ONTARIO CA LOS I <input type="checkbox"/> Delete
TITLE: TD	DUNCAN, WILLIAM 1 RIVERFRONT PLAZA NEWARK NJ 07102 <input checked="" type="checkbox"/> Delete
TITLE: <del>VP</del> PRESIDENT	CURTIS, RICHARD 97 HARPER ST ROCHESTER NY 14607 <input type="checkbox"/> Delete
TITLE: VP	ELIASSON, GARTH P.O. BOX 208 MONMOUTH OR 97361 <input type="checkbox"/> Delete
TITLE: SECRETARY	HANNA LEE 7315 SWAN POINT WAY COLUMBIA MD 21045 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TREASURER	UHLMAN CARL W 7705 6th AVE NE SEATTLE, WA 98115 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] President 4/12/05 (585) 454-5650  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #