

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111958

FILED  
Mar 01, 2012  
Secretary of State

**Entity Name:** CLUB CAPITAL MANAGEMENT, INC

**Current Principal Place of Business:**

116 N. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

116 N. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 37-1451503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLTZCLAW, KRISTA A  
116 N. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689 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  
Name: HOLTZCLAW, KRISTA A  
Address: 116 N. PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD  
Name: HUBBS, A. PERRY III  
Address: 116 N. PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D  
Name: HOLTZCLAW, DARIUS  
Address: 116 N. PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D  
Name: HUBBS, PATRICE S  
Address: 116 N. PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTA A. HOLTZCLAW

PD

03/01/2012

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

\_\_\_\_\_ Date