

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749128

**Entity Name:** INTERNATIONAL SHUFFLEBOARD ASSOCIATION, INC.**Current Principal Place of Business:**5706 45TH AVE N  
KENNETH CITY, FL 33709**Current Mailing Address:**4506 45TH AVE N  
KENNETH CITY, FL 33709 US**FEI Number:** 02-0597868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSETTI, EVELYN  
10085 ASHLEY DR  
SEMINOLE, FL 33772 US*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:** EVELYN ROSETTI

02/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SKINNER, NANCYE  
Address PO BOX 798  
City-State-Zip: COOLANGATTA QLD 4225

Title DIRECTOR  
Name FLATLAND, HALLVARD B  
Address MARIES VEI 38  
City-State-Zip: 1363 HOVIK

Title DIRECTOR  
Name BORGES, BERNAR B  
Address TRAVESSA DR CESAR COUPLE, 19  
ICARAI  
City-State-Zip: NITEROI 24220-340

Title TREASURER  
Name ALLEN, BETHANY  
Address 10085 ASHLEY DR  
City-State-Zip: SEMINOLE FL 33772

Title DIRECTOR  
Name HUSSMANN, HEINZ-DIETER  
Address TONSTRASSE 6  
City-State-Zip: MEERBUSCH 40670

Title DIRECTOR  
Name KAWAI, AKIRA  
Address 1-18-2-501 MINAMI-OTSUKA  
TOSHIMA-KU  
City-State-Zip: TOKYO-TO

Title PRESIDENT  
Name BILTON, MYRNA  
Address 170 PINE RIDGE RD  
City-State-Zip: BELWOOD ON N0B 1J0

Title SECRETARY  
Name ROSETTI, EVELYN  
Address 5706 45TH AVE N  
City-State-Zip: KENNETH CITY FL 33709

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

**SIGNATURE:** BETHANY ALLEN

TREASURER

02/08/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DAVIS, PETER  
Address HEDDONS HOUSE - HEWITT LN  
City-State-Zip: WYMONDHAM, NORFOLK NR18 0JA

Title DIRECTOR  
Name LINDSAY, NORMAN  
Address 6488 WELLINGTON RD 26  
City-State-Zip: BELWOOD ON N0B 1JO

Title DIRECTOR  
Name KRAPPEL, PETER  
Address ANASTASIUS GRUN GASSE 43  
TOP 2  
City-State-Zip: VIENNA 1180

Title DIRECTOR  
Name BRENNAN, KATHY  
Address 29250 US HWY 19 N  
LOT 509  
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR  
Name ZELLNER, MICHAEL R  
Address 5824 RIDDLE RD  
City-State-Zip: HOLIDAY FL 34690