

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003078

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC2359461933**

**Entity Name:** TABLE SHUFFLEBOARD ASSOCIATION, INC.

**Current Principal Place of Business:**

8155 MEADOW LARK DRIVE  
WYNNEWOOD, OK 73098

**Current Mailing Address:**

8155 MEADOW LARK DRIVE  
WYNNEWOOD, OK 73098

**FEI Number: 68-0346464**

**Certificate of Status Desired: No**

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

SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY  
4TH FLOOR  
MIAMI, FL 33145 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VD  
Name SHEWBRIDGE, DAVE  
Address 8450 LYNDAL ROAD  
City-State-Zip: PASADENA MD 21122

Title TD  
Name FRENCH, LYNDA P  
Address 8155 MEADOW LARK DRIVE  
City-State-Zip: WYNNEWOOD OK 73098

Title SD  
Name SEXTON, DEBBIE  
Address 11765 WEST AVE # 345  
City-State-Zip: SAN ANTONIO TX 78216-2559

Title D  
Name CREAKBAUM, LARRY  
Address 5105 BALTUSTROL DRIVE  
City-State-Zip: AVON IN 46123

Title PD  
Name GRAY, MARK  
Address 8505 E. 114TH STREET  
City-State-Zip: KANSAS CITY MO 21122

Title D  
Name BOB, HUNT  
Address 380 CEDAR RIVER WAY  
City-State-Zip: SACRAMENTO CA 95831

*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: LYNDA P FRENCH**

**CFO/TREASURER**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date