Entity Name: TABLE SHUFFLEBOARD ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

10068 COUNTRY VIEW LN FORNEY, TX 75126

Current Mailing Address:

DOCUMENT# N0100003078

10068 COUNTRY VIEW LN FORNEY, TX 75126 US

FEI Number: 68-0346464

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Officer/Director Detail :					
	Title	DIRECTOR	Title	DIRECTOR	
	Name	FRENCH, LYNDA P	Name	SEXTON, DEBBIE	
	Address	8155 MEADOW LARK DRIVE	Address	11765 WEST AVE # 345	
	City-State-Zip:	WYNNEWOOD OK 73098	City-State-Zip:	SAN ANTONIO TX 78216-2559	
	Title	DIRECTOR	Title	DIRECTOR	
	Name	GRAY, MARK	Name	PAYNE, JIM	
	Address	8505 E. 114TH STREET	Address	721 RB RD	
	City-State-Zip:	KANSAS CITY MO 21122	City-State-Zip:	STOCKTON MO 65785	
	Title	DIRECTOR	Title	DIRECTOR	
	Title Name	DIRECTOR SALAZAR, AL	Title Name	DIRECTOR GRONAU, ROSS	
	Name Address	SALAZAR, AL	Name	GRONAU, ROSS 2304 BEL AIR RD	
	Name Address	SALAZAR, AL 9227 W. KATHLEEN RD	Name Address	GRONAU, ROSS 2304 BEL AIR RD	
	Name Address City-State-Zip:	SALAZAR, AL 9227 W. KATHLEEN RD PEORIA AZ 85382	Name Address City-State-Zip:	GRONAU, ROSS 2304 BEL AIR RD NORFOLK NE 68701	
	Name Address City-State-Zip: Title	SALAZAR, AL 9227 W. KATHLEEN RD PEORIA AZ 85382 DIRECTOR	Name Address City-State-Zip: Title	GRONAU, ROSS 2304 BEL AIR RD NORFOLK NE 68701 DIRECTOR	
	Name Address City-State-Zip: Title Name	SALAZAR, AL 9227 W. KATHLEEN RD PEORIA AZ 85382 DIRECTOR MARTIN, JAMES G 36832 HIDDEN TRAIL CT	Name Address City-State-Zip: Title Name	GRONAU, ROSS 2304 BEL AIR RD NORFOLK NE 68701 DIRECTOR PACHIK, BRIAN 290 MERVINE ST	

Continues on page 2

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: GARY E NELSON

PRESIDENT

03/08/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 08, 2020 Secretary of State 7454364802CC

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	WALKER, STEVE	Name	WILLIAMS, LOUISE
Address	843 E 4TH ST	Address	189 BARRY AVENUE
City-State-Zip:	CUSHING OK 74023	City-State-Zip:	LANDSDALE PA
Title	PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR
Name	NELSON, GARY E	Name	BOLLA, MEGAN
Address	10068 COUNTRY VIEW LN	Address	2304 BEL AIR RD.
City-State-Zip:	FORNEY TX 75126	City-State-Zip:	NORFOLK NE 68701
Title	DIRECTOR	Title	SECRETARY
Name	MAKO, FRANK	Name	ABLES, CASEY
Address	1590 N. NATIONAL AVE #210	Address	10811 SAGEWIND
City-State-Zip:	CHEHALIS WA 98532	City-State-Zip:	HOUSTON TX 77089
Title	DIRECTOR		

Address114 FREE UNION RD.City-State-Zip:BELVIDERE NJ 07823

Name

MILLER, FRED