

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

DOCUMENT# N18000001216

**Entity Name:** PICKLEBALL UNIVERSITY, INC.**Current Principal Place of Business:**1055 25TH AVENUE  
VERO BEACH, FL 32960**Current Mailing Address:**P.O. BOX 1372  
VERO BEACH, FL 32961 US**FEI Number:** 82-4340550**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, CLAIRE  
1055 25TH AVENUE  
VERO BEACH, FL 32960 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:** CLAIRE MILLER

01/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR, VP	Title	DIRECTOR, PRESIDENT
Name	O'HANLON, CHUCK	Name	MILLER, CLAIRE
Address	P.O. BOX 1372	Address	P.O. BOX 1372
City-State-Zip:	VERO BEACH FL 32961	City-State-Zip:	VERO BEACH FL 32961
Title	DIRECTOR, TREASURER	Title	DIRECTOR
Name	EARLYWINE, JEFF	Name	CASWELL, DAVE
Address	P.O. BOX 1372	Address	P.O. BOX 1372
City-State-Zip:	VERO BEACH FL 32961	City-State-Zip:	VERO BEACH FL 32961
Title	DIRECTOR, SECRETARY	Title	DIRECTOR
Name	POTTS, LORETTA	Name	BULL, STEVEN
Address	BOX 1372	Address	P.O. BOX 1372
City-State-Zip:	VERO BEACH FL 32961	City-State-Zip:	VERO BEACH FL 32961
Title	DIRECTOR		
Name	O'LEARY, BOB		
Address	P.O. BOX 1372		
City-State-Zip:	VERO BEACH FL 32961		

*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:** JEFF EARLYWINE**TREASURER**

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date