

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000877

Entity Name: THE COMPUTER CLUB, INC.**Current Principal Place of Business:**1009 N. PEBBLE BEACH BLVD.
SUN CITY CENTER, FL 33573**Current Mailing Address:**1009 N. PEBBLE BEACH BLVD.
SUN CITY CENTER, FL 33573**FEI Number: 59-3364313****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FISCHER, JOHN A
1009 N PEBBLE BEACH BLVD
SUN CITY CENTER, FL 33573 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	DIRECTOR
Name	MERRITT, ILONA
Address	913 EL RANCHO DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	VP
Name	BATT, MATT
Address	530 RIMINI VISTA WAY
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	FISCHER, JOHN A
Address	2411 EMERALD LAKE DR, #207
City-State-Zip:	SUN CITY CENTER FL 33573

Title	SECRETARY
Name	MERRITT, RUSSELL
Address	913 EL RANCHO DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	SMITH, GARY A
Address	2322 EMERALD LAKE DR.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	TREASURER
Name	DAANE, GAIL G
Address	722 FOX HILLS DR.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	PRESIDENT
Name	BOYES, MARY
Address	1413 N. PEBBLE BEACH BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573

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: GAIL G. DAANE**TREASURER****02/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date