

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703245 (1)  
1. Corporation Name  
MOUNT DORA SHUFFLEBOARD CLUB INC



Principal Place of Business Mailing Address  
P.O. BOX 827 MT. DORA FL 32757-7827 P.O. BOX 827 MT. DORA FL 32757-0827

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/21/1961	04/04/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-1011459	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DOCKEY, MERRITT 1845 SYLVAN POINT DR MT. DORA FL 32757				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					

9. Name and Address of Current Registered Agent  
DOCKEY, MERRITT  
1845 SYLVAN POINT DR  
MT. DORA FL 32757

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, JEAN	1.2 NAME	
STREET ADDRESS	110 N TREMAIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, STEVE	2.2 NAME	P PRISCILLA DOCKEY
STREET ADDRESS	824 LIBERTY AVE	2.3 STREET ADDRESS	1845 SYLVAN POINT DRIVE
CITY-ST-ZIP	MT. DORA FL	2.4 CITY-ST-ZIP	MT. DORA, FL. 32757
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, ROBERT	3.2 NAME	
STREET ADDRESS	531 N CLAYTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALUSZA, STANLEY H.	4.2 NAME	
STREET ADDRESS	313 EASTRIDGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKERING, GERTRUDE	5.2 NAME	S BETTE GALUSZA
STREET ADDRESS	3985 WOOD DR	5.3 STREET ADDRESS	313 EASTRIDGE DRIVE
CITY-ST-ZIP	MT. DORA FL	5.4 CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEBBERT, JOHN	6.2 NAME	
STREET ADDRESS	110 HICKORY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Crum* ROBERT J. CRUM 3/21/97 352-383-2757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014278

CR2E037 (9/96)