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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32757-7827



2. Principal Place of Business 21 DONNELLY PARK - MT. DORA, FL Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 11/21/1961 4. FEI Number 59-1011459 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	P
NAME	BOGGS, JEAN	1.2 NAME	WALKER, BEVERLY
STREET ADDRESS	110 N TREMAIN ST	1.3 STREET ADDRESS	438 SINCLAIR CIR.
CITY-ST-ZIP	MT DORA FL	1.4 CITY-ST-ZIP	TAVARES, FL. 32778
TITLE	P	2.1 TITLE	V
NAME	DOCKEY, PRISCILLA	2.2 NAME	WILDA KEEM
STREET ADDRESS	1845 SYLVAN POINT DR	2.3 STREET ADDRESS	2877 SOUTHLAND Rd.
CITY-ST-ZIP	MT DORA FL	2.4 CITY-ST-ZIP	MT. DORA, FL. 32757
TITLE	T	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
NAME	GALVSZA, BETTE	5.2 NAME	
STREET ADDRESS	313 EASTRIDGE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	LUEBBERT, JOHN	6.2 NAME	WIL WELSH
STREET ADDRESS	110 HICKORY DR	6.3 STREET ADDRESS	950 OLD EUSTIS Rd
CITY-ST-ZIP	TAVARES FL	6.4 CITY-ST-ZIP	MT. DORA, FL 32757

14. I 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 D. Crum* **ROBERT D. CRUM, TREASURER** 3/4/98 352-383-2757

CR2E037 (10/97)