

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 713881 (1)
1. Corporation Name
TRAILER ESTATES SHUFFLEBOARD CLUB, INC.



Principal Place of Business
T.E. BOX 6168
6610 NEW JERSEY
BRADENTON FL 34281

Mailing Address
T.E. BOX 6168
6610 NEW JERSEY
BRADENTON FL 34281

3. Date Incorporated or Qualified
12/29/1967

3a. Date of Last Report
03/17/1995

2. Principal Place of Business 21 T.E. Box 6692	2a. Mailing Address 26 T.E. Box 6692	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc. 22 6624 California St.	Suite, Apt. #, etc. 27 6624 California St.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Bradenton, FL.	City & State 28 Bradenton, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 34281	Country 25	Zip 29 34281	Country 30

9. Name and Address of Current Registered Agent

PRIGGEN, MRS. BLANCHE W.
6610 NEW JERSEY
P.O. BOX 6168
BRADENTON FL 34281

10. Name and Address of New Registered Agent

81 Name
Ms. Margo Cushman

82 Street Address (P.O. Box Number is Not Acceptable)
6624 California St.

83 **P. O. Box 6692**

84 City
Bradenton, FL.

85 Zip Code
FL 34281

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 *Margo Cushman* (NOTE: Registered Agent's signature required when reinstating) **2/11/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCCAUGHEY, MORRIS 1912 OHIO ST. BRADENTON FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE Treasurer George Fitzgibbon 3205 Michigan St. Bradenton, FL. 34281
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CUSHMAN, MARGO 6624 CALIFORNIA ST. BRADENTON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORAN, VERNABELL 6823 MASSACHUSETTS ST BRADENTON FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, REBECCA 1705 INDIANA BRADENTON FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE 500001737168 -03/08/96--01056--019 ***61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUNSMAN, RAY 2109 NEW YORK BRADENTON FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRIGGEN, BLANCHE W. 6610 NEW JERSEY ST. BRADENTON FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE Director Lee Nelson 6606 Marina Dr. Bradenton, FL. 34281

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Margo Cushman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96 **941) 727-9275**
Date Daytime Phone #

CR2E037 (12/95)