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Mar 25 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 # 713881 (1)

1. Corporation Name

TRAILER ESTATES SHUFFLEBOARD CLUB, INC.



Principal Place of Business

Mailing Address

T.E. BOX 6692  
6624 CALIFORNIA ST.  
BRADENTON FL 34281

T.E. BOX 6692  
6624 CALIFORNIA ST.  
BRADENTON FL 34281-6692

3. Date Incorporated or Qualified  
12/29/1967

3a. Date of Last Report  
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSHMAN, MARGO  
6624 CALIFORNIA ST.  
P.O. BOX 6692  
BRADENTON FL 34281

81 Name

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

83

84 City

FL

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

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

T ☐ DELETE

NAME FITZGIBBON, GEORGE  
STREET ADDRESS 2205 MICHIGAN ST. (P.O. Box 5501)  
CITY-ST-ZIP BRADENTON FL 34281

S ☐ DELETE

NAME CUSHMAN, MARGO (POB 6692)  
STREET ADDRESS 6624 CALIFORNIA ST.  
CITY-ST-ZIP BRADENTON FL

P ☐ DELETE

NAME MORAN, VERNABELL (POB 5716)  
STREET ADDRESS 6823 MASSACHUSETTS ST  
CITY-ST-ZIP BRADENTON FL

D ☐ DELETE

NAME HARRIS, REBECCA  
STREET ADDRESS 1705 INDIANA  
CITY-ST-ZIP BRADENTON FL

D ☐ DELETE

NAME KUNSMAN, RAY  
STREET ADDRESS 2109 NEW YORK  
CITY-ST-ZIP BRADENTON FL

D ☐ DELETE

NAME NELSON, LEE  
STREET ADDRESS 6606 MARINA DR.  
CITY-ST-ZIP BRADENTON FL 34281

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075496

CR2E037 (9/96)