





2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90044 011 ****61.25

DOCUMENT # 732454 1. Entity Name THE TROPICAL SHORES CIVIC CLUB, INC.							
Principal Place of Business 1601 LIVINGSTONE ST SARASOTA, FL 34231			Mailing Address 1601 LIVINGSTONE ST SARASOTA, FL 34231				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01172005 Chg-NP CR2E037 (10/03)			
City & State		City & State					
Zip Country		Zip Country					
4. FEI Number 59-1030574		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 01172005 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent LORENZ, THERESA 1613 WHARF RD. SARASOTA, FL 34231						7. Name and Address of New Registered Agent Name LINDA CARLSTROM Street Address (P.O. Box Number is Not Acceptable) 1718 LIVINGSTONE ST. City SARASOTA FL Zip Code 34231	
8. 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. I am familiar with, and accept the obligations of registered agent.						 01172005 Chg-NP CR2E037 (10/03)	
SIGNATURE <i>Linda Carlstrom</i> Linda Carlstrom 4-7-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LORRUZ, JAY 1613 WHARF ROAD SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LINDA CARLSTROM 1718 LIVINGSTONE ST. SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GUESS, GEORGE 1615 DUNMORE WAY. SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BEVERLY BOWEN 8724 DUNMORE DR. SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PAUL, AMY 1663 COLLEEN ST SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRAD WHITMORE 8730 DUNMORE DR. SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LORENZ, THERESA 1613 WHARF ROAD SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOBBI WHITMORE 8730 DUNMORE DR. SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMANCE, MARK 1627 WHARF RD SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.							
SIGNATURE: <i>George Guess</i> GEORGE GUESS 4-7-05 906-8120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							