

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734725

FILED
Jan 10, 2009
Secretary of State

Entity Name: TRI PAR SHUFFLEBOARD CLUB, INC.

Current Principal Place of Business:

% IONE R. FOWLER
5015 TRI PAR DR
SARASOTA, FL 342342904 US

New Principal Place of Business:

Current Mailing Address:

% IONE R. FOWLER
5015 TRI PAR DR
SARASOTA, FL 342342904 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, ROBERT G.
1101 8TH AVENUE WEST
BRADENTON, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATTERSON, SHARON
Address: 1860 CYPRESS POINT
City-St-Zip: SARASOTA, FL 34234

Title: SD () Delete
Name: GRISSOM, SAUNDRA
Address: 4950 DESERT INN
City-St-Zip: SARASOTA, FL 34234

Title: TD () Delete
Name: FOWLER, IONE R
Address: 5015 TRI-PAR DR
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WHITNEY, CONNIE
Address: 4740 TRI PAR DR
City-St-Zip: SARASOTA, FL 34234

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IONE R FOWLER

TD

01/10/2009

Electronic Signature of Signing Officer or Director

Date