

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734725

**FILED**  
**Jan 12, 2010**  
**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  
Name: PATTERSON, SHARON  
Address: 1860 CYPRESS POINT  
City-St-Zip: SARASOTA, FL 34234

Title: SD  
Name: WHITNEY, CONNIE  
Address: 4740 TRI PAR DR  
City-St-Zip: SARASOTA, FL 34234

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

I hereby 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 all other like empowered.

SIGNATURE: IONE FOWLER

TD

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date