

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734725

FILED
Jan 25, 2011
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:

% LINDA JAMROZY
1703 OLD ELM ST
SARASOTA, FL 34234 US

Current Mailing Address:

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

New Mailing Address:

% LINDA JAMROZY
1703 OLD ELM ST
SARASOTA, FL 34234 US

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: JAMROZY, LINDA M
Address: 1703 OLD ELM ST
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: LINDA JAMROZY

TREA

01/25/2011

Electronic Signature of Signing Officer or Director

Date