

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90096 018 ****61.25

DOCUMENT # 739859

1. Entity Name

THE MASSACHUSETTS CLUB INC.



Principal Place of Business

2039 HILO DRIVE
HOLIDAY FL 34691
US

Mailing Address

2039 HILO DRIVE
LOT 18
HOLIDAY FL 34691
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2972226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STASKIEWICZ, GRACE
2039 HILO DRIVE
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, ROSE ELLEN	
STREET ADDRESS	4800 DOGWOOD ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIROUARD, ROLAND	
STREET ADDRESS	4205 MCCLUNG DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MALLOY, CHARLES	
STREET ADDRESS	4621 GINGHAM CT-HERITAGE LAKES	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STASKIEWICZ, GRACE	
STREET ADDRESS	2039 HILO DRIVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	SKINNER, BARBARA	
STREET ADDRESS	1731 DOUBLOOM DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'CONNOR, CAROLINE	
STREET ADDRESS	6031 BISCAYNE AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON PITTSLEY	
STREET ADDRESS	8738 BRAXTON DR.	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIOLA TOKARZ	
STREET ADDRESS	2019 HILO DR.	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE: *Grace Staskiewicz* GRACE STASKIEWICZ

1/25/06

727-934-0801