


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90436 002 \*\*\*\*61.25

<b>DOCUMENT # 750281</b> 1. Entity Name <b>THE PLAYERS CLUB ASSOCIATION, INC.</b>					
Principal Place of Business <b>1401 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228</b>			Mailing Address <b>1401 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2156489</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY, FL 34228</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Beth Callan</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/26/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENAN, LIBBY 1445 GULF OF MEXICO DR., #C104 LONGBOAT KEY, FL 34228 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mori, Hugo 1485 Gulf of Mexico Dr. A309 Longboat Key, FL 34228 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD CORAN, AUBERT 1465 GULF OF MEXICO DR., #B106 LONGBOAT KEY, FL 34228 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ansley, Cheri 1465 Gulf of Mexico Dr. B101 Longboat Key, FL 34228 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, BRIAN 1485 GULF OF MEXICO DR A-101 LONGBOAT KEY, FL 34228 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marshall, Brian 1485 Gulf of Mexico Dr. A101 Longboat Key, FL 34228 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP STUART, HARTLEY 1445 GULF OF MEXICO DR. C203 LONGBOAT KEY, FL 34228 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hartley, Stuart 1445 Gulf of Mexico Dr. C203 Longboat Key, FL 34228 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, MICHELE 1465 GULF OF MEXICO DR B-402 LONGBOAT KEY, FL 34228 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerrigan, David 1445 Gulf of Mexico Dr. C401 Longboat Key, FL 34228 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIDMORE, JAMES 1465 GULF OF MEXICO DR., B502 LONGBOAT KEY, FL 34228 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schneider, Harold 1425 Gulf of Mexico Dr. D304 Longboat Key, FL 34228 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Michele O Butler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/24/07</u> <small>Daytime Phone #</small>		