2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759414

FILED Jan 11, 2005 Secretary of State

Entity Name: GRAND SLAM DUPLICATE BRIDGE CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: WOMANS CLUB OF DEERFIELD 910 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441 **New Mailing Address: Current Mailing Address:** 7714 L AMIRADA DR. BOCA RATON, FL 33433 US FEI Number: 59-1782259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALOVITZ, SHERMAN J 7714 LA MÍRADA DR. BOCA RATON, FL 33433 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FUSCO, DOROTHY MELLO, ROBERT Name: Name: 920 DOGWOOD DRIVE#163 Address: 193 SE 7TH ST. Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DEERFIELD BEACH, FL 33441 Title: Title: (X) Change () Addition () Delete DICARLO, ROSEMARY Name: DEYO, VALERIE Name: Address: 2100 NE 3RD WAY Address: 6152 VERDE TRAIL N#B103 City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: BOCA RATON, FL 33433 Title: () Delete Title: () Change () Addition SALOVITZ, SHERMAN J Name: Name: 7714 LAMIRADA DR. Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: () Delete Title: Title: () Change () Addition KRAIS, PAT Name: Name: Address: 2357 NE 28 ST. Address: LIGHTHOUSE POINT, FL 3364 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition KENDALL, PAUL TURNER, SYLVIE Name: Name: 1011 HILLSBORO MILE 1345-B HIGH POINT WAY Address: Address: City-St-Zip: HILLSBORO BEACH, FL 33442 City-St-Zip: DELRAY BEACH, FL 33445 Title: () Delete Title: () Change () Addition RIGGIO, EMILIA Name: Name: Address: 22877 STERLING LAKES DR Address: BOCA RATON, FL 33433 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHERMAN J. SALOVITZ D 01/11/2005