

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001158

FILED
Apr 28, 2005
Secretary of State

Entity Name: TRI-COUNTY FLY FISHERS OF THE VILLAGES, INC.

Current Principal Place of Business:

543 CARRERA DR,
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

543 CARRERA DR.
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 02-0581896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLE, CRAIG W ESQ
976 DEL MAR DRIVE
THE VILLAGES, FL 32159 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: DP () Delete
Name: DOMBEK, DOUGLAS
Address: 543 CARRERA DR
City-St-Zip: THE VILLAGES, FL 32162

Title: DV () Delete
Name: HUNTER, TOM
Address: 423 CARRERA DRIVE
City-St-Zip: THE VILLAGES, FL 32159

Title: DT () Delete
Name: WALDER, HERMAN
Address: 1502 LAS PACOS CT
City-St-Zip: THE VILLAGES, FL 32162

Title: DS () Delete
Name: FERRIS, DAVID
Address: 2604 CARIBE DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: D () Delete
Name: FELIU, OSCAR
Address: 2746 CUTTERS CORNER
City-St-Zip: THE VILLAGES, FL 32162

Title: D () Delete
Name: LEECH, JAMES
Address: 213 JUAREZ DRIVE
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DOMBEK, DOUGLAS M
Address: 543 CARRERA DR
City-St-Zip: THE VILLAGES, FL 32162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MORICOLI, JAMES C
Address: 1105 DUSTIN DR.
City-St-Zip: THE VILLAGES, FL 32159

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DOUGLAS M. DOMBEK

DP

04/28/2005

Electronic Signature of Signing Officer or Director

Date