## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001158

Entity Name: TRI-COUNTY FLY FISHERS, INC.

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

543 CARRERA DR, THE VILLAGES, FL 32159

Current Mailing Address: New Mailing Address:

543 CARRERA DR. THE VILLAGES, FL 32159

FEI Number: 02-0581896 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:

LANGENBRUNNER, ERICK ESQ
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US

GOORJIAN, PAUL ESQ
12947 SE 90TH CT. RD.
SUMMERFIELD, FL 34491 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: PAUL GOORJIAN 04/13/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition DOMBEK, DOUGLAS M DOMBEK, DOUGLAS M Name: Name: 543 CARRERA DR Address: 543 CARRERA DR Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: THE VILLAGES, FL 32159 Title: () Delete Title: () Change () Addition SHILLINGTON, GEORGE Name: Name: Address: 3100 MELVILLE LOOP Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip:

 City-St-Zip:
 THE VILLAGES, FL 32162
 City-St-Zip:

 Title:
 DT () Delete
 Title:
 DT (X) Change () Addition

Name:MORICOLI, JAMES CName:RASMUSSEN, WARRENAddress:1105 DUSTIN DR.Address:17054 SE 93RD YONDEL CIRCLECity-St-Zip:THE VILLAGES, FL 32159City-St-Zip:THE VILLAGES, FL 32159

Title: DS () Delete Title: () Change () Addition

 Name:
 NOGUERA, YOLANDA
 Name:

 Address:
 615 ESPANA ST.
 Address:

 City-St-Zip:
 THE VILLAGES, FL 32159
 City-St-Zip:

 Name:
 FELIU, OSCAR
 Name:
 VAN BENNEKUM, JAN

 Address:
 2746 CUTTERS CORNER
 Address:
 1737 GIST CT.

City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: THE VILLAGES, FL 32162

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HINTZ, GEORGE
 Name:

 Address:
 PO BOX 681
 Address:

 City-St-Zip:
 WEIRSDALE, FL 32195
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 D 04/13/2007