

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90100 028 ****70.00

DOCUMENT # N04000000566 1. Entity Name OAKLAND PARK SHUFFLEBOARD CLUB INC.					
Principal Place of Business 1062 NE 35TH ST. OAKLAND PARK, FL 33334		Mailing Address 1062 NE 35TH ST. OAKLAND PARK, FL 33334			
2. Principal Place of Business 1681 N.E. 47ST. Suite, Apt. #, etc.		3. Mailing Address 1681 N.E. 47ST. Suite, Apt. #, etc.			
City & State OAKLAND PARK, FL		City & State OAKLAND PARK, FL		4. FEI Number 59-1142938	
Zip 33334		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANN, ROGER H 1681 NE 47TH ST OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name SAME 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANN, ROGER H 1681 NE 47 ST. OAKLAND PARK, FL 33334 <i>PRES. SAME!</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT. - TRES. D MANN, ROGER H. 1681 N.E. 47ST. OAKLAND PARK, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROUEN, STACEY 1681 NE 47 ST. OAKLAND PARK, FL 33334		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. D KEVIN FINN 241 N.W. 45 CT. OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE MIKE JOKOLOWSKI 124 N.E. 22 ST. WILTON MANORS, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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>Roger H. Mann</i></u> ROGER H. MANN 4/26/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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954-793-5470