



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90203 020 \*\*\*\*70.00

<b>DOCUMENT # N04000000566</b> 1. Entity Name <b>OAKLAND PARK SHUFFLEBOARD CLUB INC.</b>					
Principal Place of Business <b>1062 NE 35 ST OAKLAND PARK, FL 33334</b>				Mailing Address <del>1681 NE 47 STREET</del> <b>OAKLAND PARK, FL 33334</b> <i>CHANGE</i>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1062 N.E. 35 ST.</b> Suite, Apt. #, etc.		 04252008 Chg-NP CR2E037 (12/06)	
City & State <b>OAKLAND PARK FL</b>		City & State <b>OAKLAND PARK FL</b>			
Zip <b>33334</b>		Zip <b>33334</b>			
Country <b>BROWARD</b>		Country <b>BROWARD</b>			
4. FEI Number <b>59-1142938</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MANN, ROGER H 1681 NE 47TH ST OAKLAND PARK, FL 33334</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1062 N.E. 35 ST.</b> City <b>OAKLAND PARK</b> FL Zip Code <b>33334</b>	
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>Roger H. Mann</u> <i>Roger H. Mann</i> DATE: <u>4/24/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-stating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANN, ROGER H 1681 NE 47 ST OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINN, KEVIN 1062 N.E. 35 ST OAKLAND, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MANN, ROGER 1681 N.E. 47 ST OAKLAND, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANNON, EDWIN 1062 N.E. 35 ST. OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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>Roger H. Mann</u> <i>Roger H. Mann</i> DATE: <u>04/24/2008</u> 954-566-0856 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

60035157

~~#~~ NO 40000056

**OAKLAND PARK SHUFFLEBOARD CLUB**

1062 N.E. 35 STREET  
OAKLAND PARK, FLORIDA 33334

DEAR SIR S :

PRINCIPAL PLACE  
OF BUSINESS IS :

1062 N.E. 35 ST.  
OAKLAND PARK  
FLORIDA.  
33334

THANK  
YOU.