

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90154 049 ****61.25

DOCUMENT # N04000005910

1. Entity Name
SARASOTA COUNTY CROQUET CLUB, INC.



Principal Place of Business
 1626 LIS COURT DRIVE
 VENICE, FL 34292

Mailing Address
 POST OFFICE BOX 325
 NOKOMIS, FL 34274



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03222006 Chg-NP CR2E037 (11/05)

4. FEI Number
73-1707615

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHRISTIE, NORMA
786 JACARANDA CICLE
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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 P Delete
 NAME JONES, JACQUELYN C
 STREET ADDRESS 1626 LIS COURT DRIVE
 CITY-ST-ZIP VENICE, FL 34292

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME CHRISTIE, NORMA
 STREET ADDRESS POST OFFICE BOX 325
 CITY-ST-ZIP NOKOMIS, FL 34274

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME STEFAN, JAMES A
 STREET ADDRESS 3947 PRAIRIE DUNES DRIVE
 CITY-ST-ZIP SARASOTA, FL 34238

TITLE Change Addition
 NAME **TREASURER**
 STREET ADDRESS **SUSAN & MACQUEEN**
716 EGRET WALK LANE
VENICE, FL 34292

TITLE VP Delete
 NAME MAHLMAN, ROBERT
 STREET ADDRESS 2740 HARVEST DRIVE
 CITY-ST-ZIP SARASOTA, FL 34240

TITLE Change Addition
 NAME **VP**
 STREET ADDRESS **Russ Cuccia**
1227 Sleepy Hollow Rd
VENICE FL 34285

TITLE D Delete
 NAME JONES, ALFRED
 STREET ADDRESS 1626 LIS COURT DRIVE
 CITY-ST-ZIP VENICE, FL 34292

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Bob Lentz**
1258 N. Indies Circle
VENICE, FL 34285

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Susan MacQueen **SUSAN MACQUEEN, T** 4/11/06 **941-485-5513**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #