

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005910

FILED
Jul 02, 2007
Secretary of State

Entity Name: SARASOTA COUNTY CROQUET CLUB, INC.

Current Principal Place of Business:

1626 LIS COURT DRIVE
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 325
NOKOMIS, FL 34274

New Mailing Address:

FEI Number: 73-1707615 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHRISTIE, NORMA
736 JACARANDA CIRCLE
VENICE, FL 34285 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, JACQUELYN C
Address: 1626 LIS COURT DRIVE
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: CHRISTIE, NORMA
Address: POST OFFICE BOX 325
City-St-Zip: NOKOMIS, FL 34274

Title: T () Delete
Name: MACQUEEN, SUSAN
Address: 716 EGRET WALK LN
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: CUCCUA, RUSS
Address: 1227 SLEEPY HOLLOW RD
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: LENTZ, ROBERT
Address: 1258 NORTH INDIES CIR
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: KINGSLEY, CATHY
Address: 317 TIMBERLAKE DRIVE
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: JONES, ALFRED W
Address: 1626 LIS COURT DR
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELYN C JONES

PRES

07/02/2007

Electronic Signature of Signing Officer or Director

Date