

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90043 036 ****61.25

DOCUMENT # N07369

1. Entity Name
CLEARWATER DUPLICATE BRIDGE CLUB, INC.



Principal Place of Business
**2551 SUNSET POINT ROAD
 2ND FLOOR
 CLEARWATER, FL 33765**

Mailing Address
**2364 SUNSET POINT ROAD
 CLEARWATER, FL 33765**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
**14519 Eagle Pointe Dr
 CLEARWATER, FL**
 Suite, Apt. #, etc.
 City & State
 Zip
33762

Country
USA

03092005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2495252

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SWAN, DAVID S JR.
 2364 SUNSET POINT ROAD
 CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent

Name **SANDRA PETERSON**

Street Address (P.O. Box Number is Not Acceptable)
14519 EAGLE POINTE DR.

City **CLEARWATER** FL Zip Code **33762**

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 *Sandra Peterson* **SANDRA PETERSON** DATE **3-10-05**

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

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEUTSCH, ROBERT	
STREET ADDRESS	3004 FIELDBROOK PLACE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LONGMAN, KATHY	
STREET ADDRESS	3164 OYSTER BAYOU WAY	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWAN, DAVID S JR.	
STREET ADDRESS	2364 SUNSET POINT ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DOHRMAN, FREIDA	
STREET ADDRESS	781 HARBOR ISLAND	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAU, BOB	
STREET ADDRESS	1659 HAMILTON CT	
CITY-ST-ZIP	YANKEETOWN, FL 34498	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUNK, GRETCHEN	
STREET ADDRESS	140 KENDALE DR.	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA PETERSON	
STREET ADDRESS	14519 EAGLE POINTE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVERLE LITTLE	
STREET ADDRESS	1424 CAMBERLEY CT	
CITY-ST-ZIP	TRINITY FL 34655	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE ANCRILE	
STREET ADDRESS	2383 LAKE HEATHER HEIGHTS Ct.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADA BELLE FLACK	
STREET ADDRESS	9751 OAK ST NE	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY DZYACKY	
STREET ADDRESS	3116 Brunswick Circle	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY JANE WILSON	
STREET ADDRESS	1460 OAK HILL DR	
CITY-ST-ZIP	DUNEDIN FL 34698	

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: *Sandra Peterson* **SANDRA PETERSON** DATE **3-10-05** 727 540 9051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #