## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jan 17, 2006 8:00 am **Secretary of State** DOCUMENT # N07369 01-17-2006 90270 033 \*\*\*\*61.25 CLEÁRWATER DUPLICATE BRIDGE CLUB, INC. Principal Place of Business Mailing Address 14519 EAGLE POINTE DR 2551 SUNSET POINT ROAD CLEARWATER, FL 33762 2ND FLOOR CLEARWATER, FL 33765 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01082006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2495252 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent METERSON JANDRA SWAN, DAVID S JR. Street Address (P.O. Box Number is Not Acceptable) 14519 FAALE Pointe D 14519 EAGLE POINTE DRIVE EAgle CLEARWATER, FL 33762 Zip Code 33767 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 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Delete TITLE ☐ Change Addition DEUTSCH, ROBERT NAME NAME Joseph Ancrile 3004 FIELDBROOK PLACE STREET ADDRESS 2383 LAKE Heather Heights Ct. STREET ADDRESS CLEARWATER, FL 33761 CITY-ST-ZIP Dunedin, FL 34698 CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete Leon Lyday 2741 Via Cipriani 4915 B LONGMAN, KATHY NAME NAME 3164 OYSTER BAYOU WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 CATY-ST-ZIP Clearwater, FL 33764 ☐ Defete TITLE Change Addition PETERSON, SANDRA NAME NAME 14519 EAGLE POINTE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLEARWATER, FL 33762 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Chance ■ Addition OZYACKY, MARY NAME NAME STREET ADDRESS 3116 BRUNSWICK CIRCLE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP Delete TITLE TITLE D ☐ Addition LAU, BOB NAME NAME STREET ADDRESS STREET ADDRESS 1659 HAMILTION CT CITY-ST-ZIP CITY-ST-ZIP YANKEETOWN, FL 34498 TITLE ☐ Change ■ Addition TITLE Delete WILSON, MARY JANE NAME NAME 1460 OAK HILL DR STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

DUNEDIN, FL 34698

CITY-ST-ZIP

SAMORA KETERSON

FILED