


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90375 029 \*\*\*\*61.25

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # N09118</b><br>1. Entity Name<br><b>FLORIDA RACQUETBALL ASSOCIATION, INC.</b>  |   |  |   |    |  |
| Principal Place of Business<br><b>%VAN DUBOLSKY</b><br><b>3000 NW 83RD ST X-210</b><br><b>GAINESVILLE, FL 32606</b>   |   |  | Mailing Address<br><b>%VAN DUBOLSKY</b><br><b>3000 NW 83RD ST X-210</b><br><b>GAINESVILLE, FL 32606</b> |   |  |
| 2. Principal Place of Business<br><b>% Karen Bouchard</b><br>Suite, Apt. #, etc.<br><b>1350 SAGO Court</b><br>City & State<br><b>DUNEDIN, Florida</b><br>Zip<br><b>34698</b>  |   | 3. Mailing Address<br><b>% Karen Bouchard</b><br>Suite, Apt. #, etc.<br><b>1350 SAGO Court</b><br>City & State<br><b>Dunedin, Florida</b><br>Zip<br><b>34698</b> |   | 04102005 Chg-NP CR2E037 (10/03)   |  |
| 4. FEI Number<br><b>59-2733326</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |  |   | 6. Name and Address of Current Registered Agent<br><b>DUBOLSKY, VAN</b><br><b>3000 NW 83RD ST X-210</b><br><b>GAINESVILLE, FL 32606</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>Karen Bouchard</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1350 SAGO Court</b><br>City <b>Dunedin</b> FL Zip Code <b>34698</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.<br>SIGNATURE <u><i>Karen P. Bouchard</i></u> DATE <u>4/10/05</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   | Make check payable to<br>Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>DUBOLSKY, VAN<br>3000 NW 83RD ST X-210<br>GAINESVILLE, FL   | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>Randy Forrest<br>2782 Monticello Place, #206<br>Orlando, Florida 32835  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>JUDD, MARTIN<br>4310 ORANGEWOOD CIRCLE<br>LAKELAND, FL      | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>Karen Bouchard<br>1350 SAGO Court<br>Dunedin, Florida 34698   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>HERR, BILL<br>1219 PALM BLUFF DR<br>APOKA, FL 32712         | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>Andy Pawlawski<br>6067 Sabal Hammock Circle<br>Port Orange, Florida 32128   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>DAVIS, TOM<br>6862 19TH ST SO<br>SAINT PETERSBURG, FL 33712 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>JOHN SCARLE<br>2300 Hannah Way, S.<br>DUNEDIN, FLORIDA 34698  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: <u><i>Karen P. Bouchard</i></u> <span style="float: right;">April 10, 2005</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |   |   |  |