


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90102 027 ****61.25

DOCUMENT # N13508	
1. Entity Name LAKE COUNTY DUPLICATE BRIDGE CLUBS, INC.	

Principal Place of Business 510 WEST KEY AVENUE BOX 1854 EUSTIS FL 32727 US	Mailing Address P O BOX 1854 BOX 1854 EUSTIS FL 32727-8854 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/05)

4. FEI Number 59-2707901		Applied For <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 CARR, JOHN W 2225 ORKNEY DRIVE LEESBURG FL 34788		7. Name and Address of New Registered Agent Name LINDLEY D'OUVILLE Street Address (P.O. Box Number is Not Acceptable) 8021 COVEY CIRCLE City MOUNT DORA FL Zip Code 32757

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 *Lindley d'Ouville*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, DIANA 7008 SHADOWOOD CIRCLE MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URFF, LINDA 507 HAWTHORN BOULEVARD LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGERON, PEGGY 33516 OVERON DR LEESBURG FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fred Bronleben <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4708 Summerbridge Circle Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARR, JOHN W 2225ORKNEY DRIVE LEESBURG FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDLEY D'OUVILLE 8021 COVEY CIRCLE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELMORE, JERRY 4850 MARSH HARBOR DRIVE TAVARES FL 32788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENNIS, BILL 11912 STANWOOD WAY LEESBURG FL 34788-3136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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: *Lindley d'Ouville* 2-11-06 352-383-3627