

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N20694

1. Entity Name

TAMPA BAY SKATING CLUB, INC.



FILED
Mar 21, 2007 08:00 A
Secretary of State

Principal Place of Business
255 FOREST LAKES BLVD.
OLDSMAR FL 34677
US

Mailing Address
255 FOREST LAKES BLVD.
OLDSMAR FL 34677
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2822618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAMARA, PATRICK
101 E. KENNEDY BLVD SUITE 3400
ATTN: AT LAW #2350
TAMPA FL 33601-2350

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME EDENS, LYN
STREET ADDRESS 469 OLD OAK CIRCLE
CITY-STATE-ZIP PALM HARBOR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000676651
CITY-STATE-ZIP 03/30/07-80069-013 61.25

TITLE T ☐ Delete
NAME RIEKOFSKI, KERRY W
STREET ADDRESS 408 LIAM AVE.
CITY-STATE-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SD ☐ Delete
NAME ENDRES, BETH A
STREET ADDRESS 2739 VANESSA LANE
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VPD ☐ Delete
NAME MCNAMARA, PATRICK K
STREET ADDRESS 5803 GOROON AVE.
CITY-STATE-ZIP TAMPA FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE 2VP ☐ Delete
NAME BEALL, MICHAEL
STREET ADDRESS 1487 SADDLE WEST
CITY-STATE-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

[Handwritten Signature]

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3/14/07 854