

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90082 034 ****61.25

DOCUMENT # N24099

1. Entity Name
THE ST. AUGUSTINE DUPLICATE BRIDGE CLUB, INC.



Principal Place of Business
**10 FAIRBANKS AVE
SAINT AUGUSTINE, FL 32084**

Mailing Address
**10 FAIRBANKS AVE
SAINT AUGUSTINE, FL 32084**

00008417



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2335742

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SYGENDA, JAMES
488 SAN NICOLAS W.
ST AUGUSTINE, FL 32080**

Name **BETTY MORGAN**
Street Address (P.O. Box Number is Not Acceptable)
**255 MARSHSIDE DRIVE
ST AUGUSTINE
FL 32080**

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

Betty Morgan
BETTY MORGAN (P)

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **SYGENDA, JAMES**
STREET ADDRESS **488 SAN NICOLAS W.**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE **P** ☒ Change ☐ Addition
NAME **BETTY MORGAN**
STREET ADDRESS **255 MARSHSIDE DRIVE**
CITY-ST-ZIP **ST AUGUSTINE, FLORIDA 32080**

TITLE **T** ☒ Delete
NAME **DITTMAN, FRANKIE**
STREET ADDRESS **644 PELHAM RD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32092**

TITLE **T** ☒ Change ☐ Addition
NAME **JOE UR**
STREET ADDRESS **387 SOUTH HAMPTON CLUB WAY**
CITY-ST-ZIP **ST AUGUSTINE, FLORIDA 32092**

TITLE **VPD** ☒ Delete
NAME **JOHNSON, KEITH**
STREET ADDRESS **143 OCEAN HOLLOW LN**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE **VPD** ☒ Change ☐ Addition
NAME **LOIS PEARSON**
STREET ADDRESS **721 WANDERING LANE**
CITY-ST-ZIP **ST AUGUSTINE, FLORIDA 32080**

TITLE **S** ☒ Delete
NAME **BROWN, EARL B JR.**
STREET ADDRESS **100 VILLAGE DEL PRADO WAY**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE **S** ☒ Change ☐ Addition
NAME **DICK STREETER**
STREET ADDRESS **4332 CHELSEA HARBOR DRIVE WEST**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Betty Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-461-8952
Daytime Phone #

BETTY MORGAN