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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90078 011 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N30142**

1. Corporation Name

**TOMOKA DUPLICATE BRIDGE CLUB, INC.**

Principal Place of Business

11 SAND POINT CIRCLE  
ORMOND BEACH FL 32174  
US

Mailing Address

11 SAND POINT CIRCLE  
ORMOND BEACH FL 32174  
US



2. Principal Place of Business

21 11 Sandpoint Circle  
Suite, Apt. #, etc.

22

City & State

23 Ormond Beach, FL

Zip Country

24 32174

25 Volusia

2a. Mailing Address

26 11 Sandpoint Circle  
Suite, Apt. #, etc.

27

City & State

28 Ormond Beach, FL

Zip Country

29 32174

30 Volusia

3. Date Incorporated or Qualified

01/12/1989

4. FEI Number

59-2915965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PRICHARD, LAWRENCE  
436 S NOVA ROAD  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

MERSEK, LEO

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

11 Sandpoint Circle

83

Ormond Beach

84

Ormond Beach

FL

85 Zip Code

32174

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Leo Mersek*

*PRES.*

*MAY 2, 1999*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **PRICHARD, LAWRENCE**

STREET ADDRESS **436 S NOVA ROAD**

CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ DELETE

NAME **CAUGHEY, DALE W**

STREET ADDRESS **814 RIVER OAK DR E**

CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **SD** ☐ DELETE

NAME **SPINNEY, HANNA**

STREET ADDRESS **572 DORSET CIRCLE**

CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE **TD** ☐ DELETE

NAME **MERSEK, MARTHA**

STREET ADDRESS **11 SAND POINT CIRCLE**

CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ DELETE

NAME **ROSENBERG, SAM**

STREET ADDRESS **14 ASTON CIRCLE**

CITY-ST-ZIP **ORMOND BCH. FL 32174**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **Mersek, Leo**

1.3 STREET ADDRESS **11 Sandpoint Circle**

1.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **Spinney, Hanna**

2.3 STREET ADDRESS **572 Dorset Circle**

2.4 CITY-ST-ZIP **So. Daytona, FL 32119**

3.1 TITLE **SD** ☐ Change ☒ Addition

3.2 NAME **Purcell, Marjorie L**

3.3 STREET ADDRESS **102 Seville Street**

3.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Day, Warren**

5.3 STREET ADDRESS **1000 Walker Street**

5.4 CITY-ST-ZIP **Holly Hill, FL 32117**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Leo Mersek*

**REQUIRED**

*MAY 2, 1999*

*(904) 672-0902*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)