


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003020	
1. Entity Name VENICE SHUFFLEBOARD CLUB, INC.	

Principal Place of Business 448 PALMETTO CT VENICE, FL 34285-2240	Mailing Address 448 PALMETTO CT VENICE, FL 34285-2240
---	---

DO NOT WRITE IN THIS SPACE



03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent KAYLOR, GARY R 627 ALHAMBRA ROAD, #704 E VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

9. 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 *Gary R Kaylor* *Gary R Kaylor* *3/23/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGALL, JOE 411 LYONS BAY ROAD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEMET, BARBARA 528 WEST VENICE AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCAULIFFE, DANIEL 224 FIREWZE AVE W VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHN, HERBERT 448 PALMETTO CT. #A-1 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYLOR, GARY 627 ALHAMBRA ROAD, #704 E VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000482136
04/11/06-80062-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Gary R Kaylor* *Gary R Kaylor* *3/23/06* *941-485-9119*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone