2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N97000003020

Entity Name: VENICE SHUFFLEBOARD CLUB, INC.

Current Principal Place of Business:

HECKSHER PARK
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

HECKSHER PARK
VENICE, FL 34285

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABBOTT, VAUGHAN
306 LYNBROOK CIR, UNIT 103
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SOULIA, CAROL	
Address:	1248 REDSTART RD	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	ENDICOTT, HAZEL	
Address:	629 ALHAMBRA RD #1103	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	MCAULIFFE, DANIEL	
Address:	224 FIREWZE AVE W	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	ROBERTS, HENRY	
Address:	404 LAUREL LAKE RD. #101	
City-St-Zip:	VENICE, FL 34292	
Title:	D	( ) Delete
Name:	QUINN, JOHN	
Address:	7448 HAGBOM LN	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	D	( ) Delete
Name:	ABBOTT, VAUGHAN	
Address:	603 LYNBROOK CIRCLE UNIT 103	
City-St-Zip:	VENICE, FL 34292	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAUGHAN ABBOTT TREA 01/17/2009

Electronic Signature of Signing Officer or Director — Date