

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90098 005 ****61.25

DOCUMENT # N98000002029

1. Entity Name
B/A SOCIAL CLUB, INC.



Principal Place of Business
**18675 US HWY 19 NORTH
CLEARWATER, FL 33764**

Mailing Address
**18675 US HWY 19 NORTH
CLEARWATER, FL 33764**

30010972



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3558960

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

**TEEVAN, RONALD P
200 N GARDEN AVE, SUITE A
CLEARWATER, FL 33755**

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

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

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 **D** ☒ Delete
NAME **PITZ, MARY JANE**
STREET ADDRESS **18675 US HWY. 19 NORTH, #250**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **D** ☐ Change ☒ Addition
NAME **CARR, Claire**
STREET ADDRESS **18675 US Hwy 19 N # 476**
CITY-ST-ZIP **Clearwater FL 33764**

TITLE **DC** ☐ Delete
NAME **STEWART, RAY**
STREET ADDRESS **18675 US HWY 19N, #372**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **D** ☐ Change ☒ Addition
NAME **Post Pres**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **Joan Frontain**
STREET ADDRESS **18675 US HWY 19N 319**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **DC** ☐ Change ☒ Addition
NAME **Martyum**
STREET ADDRESS **18675 US Hwy 19N # 226**
CITY-ST-ZIP **Clearwater FL 33764**

TITLE **D** ☐ Delete
NAME **KATSMAN, RONALD**
STREET ADDRESS **18675 US HWY. 19 NORTH, #447**
CITY-ST-ZIP **CLEARWATER, FL 33764**

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

TITLE **VD** ☐ Delete
NAME **CAREY, TOMI**
STREET ADDRESS **18675 US HWY. 19 NORTH, #165**
CITY-ST-ZIP **CLEARWATER, FL 33764**

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

TITLE **SD** ☐ Delete
NAME **HARNES, SUE**
STREET ADDRESS **18675 US HWY 19N #162**
CITY-ST-ZIP **CLEARWATER, FL 33764**

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 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: Joan Frontain JOAN FRONTAIN

Apr. 10/06 530-7138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #