

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90188 020 \*\*\*\*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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-3558960

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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, 2007**

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

TITLE: D  
NAME: CARR, CLAIRA  
STREET ADDRESS: 18675 US HWY 19 N 4216  
CITY-ST-ZIP: CLEARWATER, FL 33764 ☐ Delete

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

TITLE: TD  
NAME: JOAN FRONTAIN, JEAN  
STREET ADDRESS: 18675 US HWY 19N 319  
CITY-ST-ZIP: CLEARWATER, FL 33764 ☐ Delete

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

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

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DC  
NAME: MARTZ, M  
STREET ADDRESS: 18675 US HWY 19N #226  
CITY-ST-ZIP: Clearwater, FL 33764 ☐ Change ☒ Addition

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

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

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 April 13/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #