

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000460

FILED
Feb 26, 2007
Secretary of State

Entity Name: CLEARWATER SHUFFLEBOARD CLUB, INC.

Current Principal Place of Business:

1020 CALUMET ST.
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1020 CALUMET ST.
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-0690203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, THOMAS E
18675 US#19 N. LOT 166
CLEARWATER, FL 33764 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: P () Delete
Name: BELL, GEOFFREY
Address: 18675 US#19N LOT 161
City-St-Zip: CLEARWATER, FL 33764

Title: 1V () Delete
Name: GREENWOOD, JOE
Address: 2331 BELLAIR RD. LOT 611
City-St-Zip: CLEARWATER, FL 33764

Title: S () Delete
Name: HILL, PAMELA
Address: 29250 US#19N LOT 595
City-St-Zip: CLEARWATER, FL 33761

Title: T () Delete
Name: RUSSELL, THOMAS E
Address: 18675 US#19N LOT 166
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: HILL, PHILIP
Address: 29250 US#19N LOT 595
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: BLACK, LESLIE
Address: 830 S.GULFVIEW BLVD.
City-St-Zip: CLEARWATER, FL 33767

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:

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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 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: THOMAS RUSSELL

T

02/26/2007

Electronic Signature of Signing Officer or Director

Date