

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001158

**Entity Name:** TRI-COUNTY FLY FISHERS, INC.**Current Principal Place of Business:**543 CARRERA DR,  
THE VILLAGES, FL 32159**Current Mailing Address:**543 CARRERA DR,  
THE VILLAGES, FL 32159**FEI Number:** 02-0581896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOORJIAN, PAUL ESQ  
3001 NE 185TH STREET  
#438  
AVENTURA, FL 33180 US*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**Officer/Director Detail :**

Title	D
Name	DOMBEK, DOUGLAS M
Address	543 CARRERA DR
City-State-Zip:	THE VILLAGES FL 32159

Title	DP
Name	NAZZARO, LARRY
Address	3248 HAISLIP CT
City-State-Zip:	THE VILLAGES FL 32163

Title	DT
Name	LYNDRUP, PETER
Address	8797 SW, 83RD, CT RD
City-State-Zip:	OCALA FL 34481

Title	DS
Name	MANJOINE, JOSEPH
Address	4818 SUMMERBRIDGE CIRCLE
City-State-Zip:	LEESBURG FL 34748

Title	DVP
Name	HEINBACH, ROBERT
Address	886 CHAPMAN LOOP
City-State-Zip:	THE VILLAGES FL 32162

*I hereby 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 all other like empowered.*

**SIGNATURE:** LARRY NAZZARO

PRESIENT

01/25/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date