


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90194 045 \*\*\*\*61.25

**DOCUMENT # 714515**

1. Entity Name  
**SHETLAND SHEEPDOG CLUB OF SOUTHEAST FLORIDA, INC.**



Principal Place of Business  
**C/O WALTER SILVERSTEIN  
 LOXAHATCHEE, FL 33470 US**

Mailing Address  
**17518 N 66 CT.  
 LOXAHATCHEE, FL 33470 US**

**50036656**



2. Principal Place of Business  
**% Colleen Kessler**  
 Suite, Apt. #, etc.

3. Mailing Address  
**991 SW 312<sup>nd</sup> Street**  
 Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33315**

Country  
**US**

4. FEI Number  
**59-6195023**

Applied For  
 Not Applicable

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	
<b>SILVERSTEIN, WALTER                      17518 N 66 CT.                      LOXAHATCHEE, FL 33470</b>		Name <b>Colleen Kessler</b> Street Address (P.O. Box Number is Not Acceptable) <b>991 SW 312<sup>nd</sup> Street</b> City <b>Ft. Lauderdale FL</b> Zip Code <b>33315</b>	

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 **Colleen Kessler** **Colleen Kessler** **4-8-05**  
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, 2005**

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 <b>P</b>	<input type="checkbox"/> Delete <b>SALVAGE, KAREN 7740 NW 38TH ST HOLLYWOOD, FL 33024</b>	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Riley, Stephanie 4200 SW 141<sup>st</sup> Ave. DAVIE, FL. 33330</b>
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>RILEY, STEPHANIE 14120 SUMMERSVILLE PL DAVIE, FL 33321</b>	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Thomas, JANA 8831 NW 145<sup>th</sup> ST. Pembroke Pines, FL. 33024</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>WESTHALL, MARK 38 COLUMBIA COURT DEERFIELD BEACH, FL 33442</b>	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HECTOR, HECTOR 1100 SW 128 DR. DAVIE, FL. 33325</b>
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>MAUST, MEREDITH 5051 SW 95 AVE. COOPER CITY, FL 33328</b>	TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STAAB, LORNA 410 SE 2<sup>nd</sup> Av. Pompano Beach, FL 33060</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>ZARYCZNY, PAUL 2600NE 18 ST. FORT LAUDERDALE, FL 33305</b>	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SMITH, CHRISTINE 8438 NW 7<sup>th</sup> ST. CORAL SPRINGS, FL. 33071</b>
TITLE <b>T</b>	<input type="checkbox"/> Delete <b>SILVERSTEIN, WALTER A 17518 N 66 COURT N LOXAHATCHEE, FL 33470</b>	TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kessler, Colleen 991 SW 312<sup>nd</sup> ST. Ft. Lauderdale, FL 33315</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Colleen Kessler - Colleen Kessler** **4-8-05** **954-463-4710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #