


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90026 014 \*\*\*\*61.25

**DOCUMENT #714515**

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



Principal Place of Business  
**C/O COLLEEN KESSLER  
 991 SW 31ST STREET  
 FORT LAUDERDALE, FL 33315 US**

Mailing Address  
**C/O COLLEEN KESSLER  
 991 SW 31ST STREET  
 FORT LAUDERDALE, FL 33315 US**

**50021987.**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07032006 Chg-NP CR2E037 (4/06)

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  
**KESSLER, COLLEEN  
 991 SW 31ST STREET  
 FORT LAUDERDALE, FL 33315**

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: Colleen Kessler (Signature, typed or printed name of Registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

July 4, 2006 DATE

**Filing Fee is \$61.25**  
**Due by September 6, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, STEPHANIE 4200 SW 141ST AVE DAVIE, FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, JANA 8831 NW 14TH ST PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECTOR, HECTOR 1100 SW 128 DR DAVIE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAAB, LORNA 410SE 2ND AVE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHRISTINE 8438 NW 7TH STREET CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KESSLER, COLLEEN 991 SW 31ST STREET FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HECTOR HECTOR 1100 S.W. 128 DR. DAVIE, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH SIRVINSKAS 410 S.E. SECOND AVE. POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTHA HOLLINGSWORTH 4209 WASHINGTON STREET HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Colleen Kessler July 4, 2006 954-4123-4710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #