

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90029 033 ****61.25

DOCUMENT # 724548

1. Entity Name
JUPITER/TEQUESTA DOG CLUB, INC.



Principal Place of Business
PO BOX 304
JUPITER, FL 33468-0304 US

Mailing Address
PO BOX 304
JUPITER, FL 33468-0304 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1740663

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LANG, BARBARA
416 PITTSBURGH DRIVE
JUPITER, FL 33458

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME GORDON, AMY ☒ Delete
STREET ADDRESS 802 UPLAND RD
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME Sec ☐ Change ☒ Addition
STREET ADDRESS Maureen Parsons
CITY-ST-ZIP 122 Jessup Lane W.
Jupiter, FL 33458-5279

TITLE D
NAME THEBAUT, GRACE ☐ Delete
STREET ADDRESS 16931 88TH ROAD NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

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

TITLE T
NAME STEINMETZ, S GAIL C ☐ Delete
STREET ADDRESS 827 EL VEDADO
CITY-ST-ZIP WEST PALM BEACH, FL 33405

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

TITLE P
NAME BOYD, PAT ☐ Delete
STREET ADDRESS 6843 143RD STREET NORTH
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

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

TITLE D
NAME BALLINGER, WYNNE ☐ Delete
STREET ADDRESS 235 BANYON ROAD
CITY-ST-ZIP PALM BEACH, FL 33480

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

TITLE V
NAME KUTSUKOS, JEANNEANE ☐ Delete
STREET ADDRESS 18291 126TH TERRACE NORTH
CITY-ST-ZIP JUPITER, FL 33478

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

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:

S. Gail C. Steinmetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2006 (561)655-5197

Date

Daytime Phone #