

ANNUAL REPORT

DOCUMENT # N27786

1. Entity Name

TREASURE COAST MACINTOSH USERS GROUP, INC.



Principal Place of Business

1819 SW WILLOWBEND LANE
PALM CITY, FL 34990 US

Mailing Address

1819 SW WILLOWBEND LANE
PALM CITY, FL 34990 US

DO NOT WRITE IN THIS SPACE

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-23-2008 90007 032 ****61.25

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1. I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE AND 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

01142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0072599

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHARTON, DOROTHY T
3511 S.E. FAIRWAY WEST
STUART, FL 34997DO NOT WRITE
IN THIS SPACE

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 \$81.25
Due by May 1, 20089. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME KILBRIDE, CHRIS
 STREET ADDRESS 1819 SW WILLOWBEND LANE
 CITY-ST-ZIP PALM CITY, FL 34990

TITLE VP
 NAME WEINBERG, MARK
 STREET ADDRESS 5803 BALSAM DRIVE
 CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE S
 NAME FINNERTY, KATHY
 STREET ADDRESS 1292 MADISON AVENUE
 CITY-ST-ZIP STUART, FL 34998

TITLE T
 NAME WHARTON, DOROTHY
 STREET ADDRESS 3511 SE FAIRWAY WEST
 CITY-ST-ZIP STUART, FL 34997

TITLE D
 NAME STOUT, THOMAS
 STREET ADDRESS 2305 SW OLYMPIC CLUB TERRACE
 CITY-ST-ZIP PALM CITY, FL 34990

TITLE D
 NAME ULRICH, FRED
 STREET ADDRESS 2950 S.E. OCEAN BLVD., A
 CITY-ST-ZIP STUART, FL 34998

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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 changed, or on an attachment with an address, with all other like empowered.

Dorothy T. Wharton 2-29-08