


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

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90068 004 \*\*\*\*61.25

|   |                         |  |  |  |  |
|---|-------------------------|--|--|--|--|
| <b>DOCUMENT # N93000000745</b>  |                         |  |  |         |  |
| 1. Entity Name<br>TREASURE COAST TURF TECHNICIANS ASSOCIATION, INC.   |                         |  |  |  |  |
| Principal Place of Business<br>4900 SW BERRY AVE<br>PALM CITY, FL 34990 US  |                         |  | Mailing Address<br>PO BOX 1206<br>PALM CITY, FL 34991 US |  |  |
| 2. Principal Place of Business  |                         | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.  |  |  |  |
| City & State  |                         | City & State   |  | 4. FEI Number<br>59-3166669  |  |
| Zip   |                         | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                         |  | 7. Name and Address of New Registered Agent              |  |  |
| WOLFE, GARY<br>2537 BURTON ST<br>PORT SAINT LUCIE, FL 34952   |                         |  | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                         |  |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>   |                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$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   | D                       | <input type="checkbox"/> Delete  | TITLE  | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | RAITHEL, BRUCE          |  | NAME   | Kenneth Parker   |  |
| STREET ADDRESS  | 199 CURTIS CT           |  | STREET ADDRESS   | 689 Brookedge Ter.   |  |
| CITY-ST-ZIP   | SEBASTIAN, FL 32958     |  | CITY-ST-ZIP  | SEBASTIAN, FL 32958  |  |
| TITLE   | D                       | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | COGGINS, CORBY          |  | NAME   |  |  |
| STREET ADDRESS  | 792 SEVEN GABLES CIRCLE |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | PALM BAY, FL 32909      |  | CITY-ST-ZIP  |  |  |
| TITLE   | D                       | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | NELSON, ROBERT          |  | NAME   |  |  |
| STREET ADDRESS  | PO BOX 1429             |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | PALM CITY, FL 34991     |  | CITY-ST-ZIP  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                         |  | NAME   |  |  |
| STREET ADDRESS  |                         |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                         |  | CITY-ST-ZIP  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                         |  | NAME   |  |  |
| STREET ADDRESS  |                         |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                         |  | CITY-ST-ZIP  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                         |  | NAME   |  |  |
| STREET ADDRESS  |                         |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                         |  | CITY-ST-ZIP  |  |  |
| 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: <i>Robert Nelson</i>   |                         |  | Date: 29 JAN 05 772-220-1499                             |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                         |  | <small>Date Daytime Phone #</small>                      |  |  |