


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000745 1. Entity Name TREASURE COAST TURF TECHNICIANS ASSOCIATION, INC.	
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FILED

06 AUG -3 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02/13/06 90028 046 \$61.25
07312006 Chg-NP CR2E037 (4/06)

Principal Place of Business 4900 SW BERRY AVE PALM CITY, FL 34990 US	Mailing Address PO BOX 1206 PALM CITY, FL 34991 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	4. FEI Number 59-3166669
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Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLFE, GARY 2537 BURTON ST PORT SAINT LUCIE, FL 34952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"> D RAITHEL, BRUCE 199 CURTIS CT SEBASTIAN, FL 32958 </td> <td style="width: 20%; text-align: center;"> <input checked="" type="checkbox"/> Delete </td> </tr> </table>	D RAITHEL, BRUCE 199 CURTIS CT SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Raitchel Bruce Raitchel 7/31/06 / (772) 633-1409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 8/8