## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000745

FILED Feb 09, 2009 Secretary of State

Entity Name: TREASURE COAST TURF TECHNICIANS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4900 SW BERRY AVE 5110 INDIAN RIVER BLVD PALM CITY, FL 34990 US VERO BEACH, FL 32967 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 1206

PALM CITY, FL 34991 US

FEI Number: 59-3166669 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLFE, GARY ERICKSON, JASON JAKE

2537 BÚRTON ST 8405 22ND ST

PORT SAINT LUCIE, FL 34952 VERO BEACH, FL 32966 US US

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.

SIGNATURE: JASON ERICKSON 02/09/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete PARKER, KENNETH PARKER, KENNETH Name: Name:

689 BROOK EDGE TERRACE Address: 689 BROOK EDGE TERRACE Address: SABASTIAN, FL 32758 City-St-Zip: City-St-Zip: SEBASTIAN, FL 32758

(X) Change ( ) Addition Title: Title: ( ) Delete

BARRACU, JUSTIN Name: Name: BARREAU, JUSTIN Address: 5258 S.E. ISABALITU AVE. Address: 5258 S.E. ISABALITU AVE. City-St-Zip: STUART, FL 34797 City-St-Zip: STUART, FL 34797

Title: () Delete Title: (X) Change ( ) Addition

ERICKSON, JAKE ERICKSON, JASON Name: Name: 1336 41ST AVE Address: Address: 8405 22ND ST

City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON ERICKSON SECR 02/09/2009