

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750538

FILED
Apr 29, 2008
Secretary of State

Entity Name: COLLIE CLUB OF GREATER MIAMI, INC.

Current Principal Place of Business:

1630 E. OAKLAND PARK BLVD
FT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1630 E. OAKLAND PARK BLVD
FT LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 65-0053795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYROBECK, MARCIE
4160 NORTHWEST 13 AVENUE
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: LANEVE, PATRICIA
Address: 710 SE 2ND TERR
City-St-Zip: COCONUT CREEK, FL 33060

Title: VT () Delete
Name: COMPARATO, NANCY
Address: 1127 SW 149TH LANE
City-St-Zip: SUNRISE, FL 33326

Title: TT () Delete
Name: EFRON, JAMES
Address: 1630 E. OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: T () Delete
Name: BOSSART, CINDI VMD
Address: 1630 E. OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL 33334

Title: P () Delete
Name: SARNA, SUSAN DVM
Address: 1630 E OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL 33334

Title: T () Delete
Name: BOYLE, WILLIAM
Address: 630 NW 71ST AVE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES EFRON

TT

04/29/2008

Electronic Signature of Signing Officer or Director

Date