## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004004

Entity Name: FLORIDA GREAT PYRENEES CLUB, INC.

FILED Mar 08, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
14208 NW	'61ST LANE LLE, FL 3265				•		
Current Mailing Address:				New Mailing Address:			
	61ST LANE LLE, FL 3265	3					
FEI Number	: 59-3653512	FEI Number Applied For()	FEI Num	ber Not Appli	icable ( )	Certifica	te of Status Desired (X)
Name and	Address of C	Current Registered Agent:		Name and	Address o	f New Regi	istered Agent:
GAINESVI	61ST LANE LLE, FL 32650						
The above in the State	named entity: of Florida.	submits this statement for the p	urpose of	changing it	ts registere	d office or re	egistered agent, or both,
SIGNATUR	RE:						
	Electror	nic Signature of Registered Age	nt				Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( LONG, PAUL 4258 KATHY A NAPLES, FL 3			Title: Name: Address: City-St-Zip:	P HANNAN, DA 4508 WEST TAMPA, FL	MCELROY A	•
Title: Name: Address: City-St-Zip:	VP ( ) HOROWITZ, G 4944 NORTH 3 HOLLYWOOD,	3RD COURT		Title: Name: Address: City-St-Zip:		(X) Change( DAVID TIER DRIVE .LS, FL 33540	,
Title: Name: Address: City-St-Zip:	S ( WINEGARD, S PO BOX 725 AVON PARK, F			Title: Name: Address: City-St-Zip:	S CONYERS, 41445 THOI UMATILLA,	MAS BOAT LA	•
Title: Name: Address: City-St-Zip:	T ( TREGEAR, TOI 14208 NW 61S GAINESVILLE,	T LANE		Title: Name: Address: City-St-Zip:		() Change (	) Addition
Title: Name: Address: City-St-Zip:	D ( STEPHANICK, 5715 FRONTIE ZEPHYRHILLS	R DRIVE		Title: Name: Address: City-St-Zip:		(X) Change ( , SHARON CE BOX 725 (, FL 33826	) Addition
Title: Name: Address: City-St-Zip:	D ( SANDLAK, DAN 5715 FRONTIE ZEPHYRHILLS	R DRIVE		Title: Name: Address: City-St-Zip:	D SABETTA, F 14208 NW 6 GAINESVILI		,

I hereby certify that the information supplied with this filing does not qualify for the 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: TONI TREGEAR T 03/08/2007