

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003127

FILED  
Jan 19, 2006  
Secretary of State

Entity Name: TREASURE COAST CAT CLUB, INC.

## Current Principal Place of Business:

KAREN KUEHNE  
2085 54TH AVE  
VERO BEACH, FL 32966

## New Principal Place of Business:

BARBARA SINBINE  
17275 HAMMOCK LANE  
FORT PIERCE, FL 34987 US

## Current Mailing Address:

KAREN KUEHNE  
2085 54TH AVE  
VERO BEACH, FL 32966

## New Mailing Address:

BARBARA SINBINE  
17275 HAMMOCK LANE  
FORT PIERCE, FL 34987 US

FEI Number: 59-3116037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KAREN, KUEHNE  
2085 54TH AVE  
VERO BCH, FL 32966 US

## Name and Address of New Registered Agent:

BARBARA, SINBINE  
17275 HAMMOCK LANE  
FORT PIERCE, FL 34987 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: BARBARA SINBINE

01/19/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SINBINE, BARBARA  
Address: 17275 HAMMOCK LANE  
City-St-Zip: FORT PIERCE, FL 34987

Title: VPD ( ) Delete  
Name: JOHNSON, MARICAVA  
Address: 754 ALTURA ST  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete  
Name: WILSON, KELLI  
Address: 5145 SE CHANNEL DR  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: KUEHNE, KAREN  
Address: 2085 54 AVE  
City-St-Zip: VERO BCH, FL 32966

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: BELFATTO, DIANA  
Address: 505 SECOND AVENUE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S (X) Change ( ) Addition  
Name: SINBINE, BILL  
Address: 17275 HAMMOCK LANE  
City-St-Zip: FORT PIERCE, FL 34987

Title: T (X) Change ( ) Addition  
Name: JOHNSON, MARICAVA  
Address: 754 ALTURA ST  
City-St-Zip: PORT ST LUCIE, FL 34952

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: BARBARA SINBINE

PD

01/19/2006

Electronic Signature of Signing Officer or Director

Date