

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90211 023 ****61.25

DOCUMENT # N04000010645 1. Entity Name UNITED SUNSHINE STATE PORTUGUESE WATER DOG, INC.			
Principal Place of Business 216 E CAMINO REAL BOCA RATON, FL 33432		Mailing Address 216 E CAMINO REAL BOCA RATON, FL 33432	
2. Principal Place of Business 21081 NE 2ND PL Suite, Apt. #, etc.		3. Mailing Address 3124 SHELTER COVE Suite, Apt. #, etc.	
City & State WILLISTON, FL Zip 32696 Country		City & State GAINESVILLE, GA Zip 30506 Country	
4. FEI Number 20-0699931		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, MARTHA M TREAS 216 E. CAMINO REAL BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 21081 N.E 2ND PLACE City WILLISTON, FL Zip Code 32696	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CAWLEY, ROY 216 E CAMINO REAL BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P/D 21081 NE 2ND PL WILLISTON, FL 32696	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD DEFORCE, MEG 216 E CAMINO REAL BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V/D 2401 WILDERNESS DR. S FT PIERCE, FL 34982	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD MURREY, CAREN 216 E CAMINO REAL BOCA RATON, FL 33432	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S/D PAM LESHER 375 WELLINGTON AVE OLDSMAR, FL 34677	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MARTIN, MARTHA 216 E CAMINO REAL BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD 3124 SHELTER COVE GAINESVILLE, GA 30506	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D STERN, GARY 216 E CAMINO REAL BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D 3124 SHELTER COVE GAINESVILLE, GA	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D BARBARA CAWLEY 21081 NE 2ND PL WILLISTON, FL 32696	☐ Change ☒ Addition
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 an authorized empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date MARTHA M. MARTIN, TREASURER 4/25/2006 Daytime Phone # 770-287-7313	

SEE ATTACHED FOR ADDITIONAL DIRECTORS

ATTACHMENT TO PAGE 1

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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0699931	
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEFORCE, MEG 216 E CAMINO REAL BOCA RATON, FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURREY, CAREN 216 E CAMINO REAL BOCA RATON, FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, MARTHA 216 E CAMINO REAL BOCA RATON, FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, GARY 216 E CAMINO REAL BOCA RATON, FL 33432	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHYLLIS ZUSMAN P.O. BOX 320956 TAMPA, FL 33679	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDITH LEATHER 1514 LA FRONTERA CT THE VILLAGES, FL 32159	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCILLE BURMEISTER 13300 SW 109th CT MIAMI, FL 33176	☐ Change ☒ Addition			
_____ ☐ Change ☐ Addition					
_____ ☐ Change ☐ Addition					
_____ ☐ Change ☐ Addition					
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

ATTACHMENT

66017561

04252006 Chg-NP CR2E037 (11/05)