

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004315

FILED
Feb 01, 2006
Secretary of State

Entity Name: TREASURE COAST WINE FESTIVAL, INC.

Current Principal Place of Business:

4731 N. HIGHWAY A-1-A
SUITE 227
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1207
VERO BEACH, FL 32961

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENNELL, TODD W
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963 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: D () Delete
Name: MCLAUGHLIN, EDWARD B
Address: 1611 E. CAMINO DEL RIO
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: STUBBS, DACE B
Address: 135 SAGO PALM ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: SORENSEN, DALE
Address: 5065 N. HIGHWAY A-1-A
City-St-Zip: VERO BEACH, FL 32963

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: NAEREBOUT, THOMAS
Address: 1555 INDIAN RIVER BLVD STE B115
City-St-Zip: VERO BEACH, FL 32960

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: THOMAS C NAEREBOUT

PRES

02/01/2006

Electronic Signature of Signing Officer or Director

Date