

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007167

FILED
Mar 09, 2009
Secretary of State

Entity Name: TREASURE COAST PARROT HEAD CLUB, INC.

Current Principal Place of Business:

2511 NE PINECREST LAKES BLVD
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

PO BOX 925
JENSEN BEACH, FL 349580925

New Mailing Address:

FEI Number: 26-3097443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, PAT
2511 NE PINECREST LAKES BLVD
JENSEN BEACH, FL 34957 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: DP () Delete
Name: WALKER, JOE
Address: 5821 STONEHEAD COURT
City-St-Zip: JUPITER, FL 33458

Title: DV () Delete
Name: STEWART, BILL
Address: 1533 SE PRESTWICK LANE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DS () Delete
Name: MOORE, PAT
Address: 2511 NE PINECREST LAKES BLVD
City-St-Zip: JENSEN BEACH, FL 34957

Title: DT () Delete
Name: PASHKE, GREG
Address: 1547 SW MOCKINGBIRD CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D () Delete
Name: WILLIAMS, LINDA
Address: 4855 SAND POINT ROAD
City-St-Zip: GRANT, FL 32949

Title: D () Delete
Name: MILHAUSEN, JOHN
Address: 307 NE NAVY AVE
City-St-Zip: PORT ST LUCIE, FL 34984

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
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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: GREGORY F PASHKE

TRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date