

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007167

FILED  
Apr 08, 2012  
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:**

2085 SE MORNINGSIDE BLVD  
PORT SAINT LUCIE, FL 34952 UN

**Current Mailing Address:**

PO BOX 925  
JENSEN BEACH, FL 349580925

**New Mailing Address:**

PO BOX 925  
APT/SUITE  
JENSEN BEACH, FL 349580925 UN

**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:**

PENDAGAST, DONALD  
2085 SE MORNINGSIDE BLVD  
PORT SAINT LUCIE, FL 34952 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: DONALD F PENDAGAST

04/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MILHAUSEN, DEE  
Address: 307 SE NAVY AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34984

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

Title: DS  
Name: TAYLOR, MILLIE  
Address: 4013 CINNAMON TREE CIRCLE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: DT  
Name: PENDAGAST, DON  
Address: 2085 MORNINGSIDE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D  
Name: LAPIERRE, LYNNE  
Address: 165 NW WILLOW GROVE AVE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D  
Name: CARUSO, NICK  
Address: 3462 NE CAUSEWAY BLVD  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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 all other like empowered.

SIGNATURE: DONALD F PENDAGAST

DT

04/08/2012

Electronic Signature of Signing Officer or Director

Date