

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90461 049 \*\*\*\*61.25

<b>DOCUMENT # N19725</b> 1. Entity Name <b>TREASURE COAST RETRIEVER CLUB, INC.</b>			
Principal Place of Business <b>C/O GREG MCGINN 4641 SW BIMINI CIRCLE N. PALM CITY, FL 34990</b>		Mailing Address <b>C/O GREG MCGINN 4641 SW BIMINI CIRCLE N. PALM CITY, FL 34990</b>	
2. Principal Place of Business <b>c/o Bob Swift</b> Suite, Apt. #, etc. <b>6450 8th St</b> City & State <b>VERO BEACH, FL</b> Zip <b>32968</b>		3. Mailing Address <b>c/o Bob Swift</b> Suite, Apt. #, etc. <b>6450 8th St</b> City & State <b>VERO BEACH, FL</b> Zip <b>32968</b>	
4. FEI Number <b>59-2827319</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCGINN, GREG 4641 SW BIMINI CIRCLE N. PALM CITY, FL 34990</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, GLENN 8188 EL PASO DRIVE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGINN, GREG 4641 SW BIMINI CIRCLE N. PALM CITY, FL 34990	<input type="checkbox"/> Delete	P Trent Baughn <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBINO, JOHN 901 SE 11TH STREET DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	D Mc Ginn, GREG 4641 SW Bimini Circle Palm City, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, DAVE 3633 NE 25TH TERRACE FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	D Randall Gerbino 901 SE 11th St Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWIFT, BOB 6450 8TH STREET VERO BEACH, FL 32968	<input type="checkbox"/> Delete	VP Scott Lormier <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, SCOTT 9110 BANQUET WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	S Dennis Conway <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Krasnowski <input type="checkbox"/> Change <input type="checkbox"/> 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.	
<b>SIGNATURE:</b> <b>ROBERT B SWIFT TREASURER</b> <b>4/18/06 7727943033</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

50015726



04122006 Chg-NP CR2E037 (11/05)