2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE:

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # N19725 04-13-2007 90177 002 ****61.25 TREASURE COAST RETRIEVER CLUB. INC. Principal Place of Business Mailing Address 40050049 C/O ROB SWIFT C/O ROB SWIFT 6450 8TH ST 6450 8TH ST VERO BEACH, FL 32968 VERO BEACH, FL 32968 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01232007 CR2E037 (12/06) FEI Number 59-2827319 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGINN, GREG Street Address (P.O. Box Number is Not Acceptable) 4641 SW BIMINI CIRCLE N. PALM CITY, FL 34990 City Zip Code FI 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE TITLE Trenton C. Baughn BAUGHN, TRENT NAME NAME 35 SW 24th Road STREET ADDRESS 8188 EL PASO DRIVE STREET ADDRESS Miami, FL 33129 CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE Addition TITLE Delete Scott Cormier MCGLEN, GREG NASAE NAME 2465 SW Vardon Street 4641 SW ROMONI CIR STREET ADDRESS STREET ADDRESS Port St. Lucie, FL 34953 PALM CITY, FL 34990 CITY-ST-ZiP CRIY-ST-ZIP Addition TITLE ☐ Delete TITLE GERBINO, RANDALL NAME NAME **Bob Swift** STREET ADDRESS STREET ADDRESS 901 SE 11TH ST 6450 8th Street DEERFIELD BEACH, FL 33441 CITY-ST-ZIP CITY-ST-ZIP Vero Beach, FL 32968 Addition Delete TITLE TITLE LORMIER, SCOTT **Dennis Conway** NAME NAME STREET ADDRESS 3633 NE 25TH TERRACE STREET ADORESS 3633 Dunes Rd. CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP Palm Beach Gardens, FL 33410 TITLE 31m. N1 Addition TITLE Oclete Grég McGinn CONUSY, DENIS NAME NAME 4641 SW PRO Circle 6450 8TH STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP VERO BEACH, FL 332968 CITY-ST-ZIP Palm City, Ft. 34990 Delete ₽D Addition TITLE TITLE Kim Nuguist KRENPONE, DAVID NAME NAME 9110 BANQUET WAY STREET ADDRESS 127 E. Riverside Dr. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WORTH, FL 33467 Jupiter, FL 33469 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 attackment with an address, with all other like empowered. 560

MNIS W. COHWAY

FILED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # N19725 1. Entity Name TREASURE COAST RETRIEVER CLUB, INC.						ATTACHMENT			
Principal Plac C/O ROB SW 6450 8TH S VERO BEACH	Address B SWIFT BTH ST BEACH, FL 3296	8			D(Q01	0HC			
			Mailing Address			_	o Wo	·	'''
Suite, Apt, #, etc.			Suite, Apt. #, etc.			01232007 C	hg-NP	CR2E03	7 (12/06)
City & State		City 8	City & State			4. FEI Number 59-282731	19		Applied For Not Applicat:
Zip	Country		Zip Cou		ntry	5. Certificate of S	tatus Desired		8.75 Additional
6. Name and Address of Current Registered Agent						7. Name and Add	dress of New R	egistered A	gent
MCGINN, GREG					Name				
4641 SW BIMINI CIRCLE N. PALM CITY, FL 34990					Street Addres	is (P.O. Box Number is	Not Acceptable	=)	
									T-#
				}	City			FL	Zip Code
	named entity submits this statement tions of registered agent.	for the purpos	e of changing its	registere	d office or regis	stered agent, or both, in	the State of Flo	orida. I am fa	amiliar with, and accer.
SIGNATURE									
	Stgnature, typed or printed name of registered age	nt and title if applica	ble. (NOTE	Registered	Agent signature requ	ered when reinstating}		DATE	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		# E 00 -	M.	ake check	navable to	
	Due by May 1, 2007	ľ		_	• —	\$5.00 May Be Added to Fees			ment of State
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