

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19725

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: TREASURE COAST RETRIEVER CLUB, INC.

## Current Principal Place of Business:

C/O ROB SWIFT  
6450 8TH ST  
VERO BEACH, FL 32968

## Current Mailing Address:

C/O ROB SWIFT  
6450 8TH ST  
VERO BEACH, FL 32968

## New Principal Place of Business:

C/O GREG MCGINN  
4641 SW BIMINI CIRCLE  
PALM CITY, FL 34990

## New Mailing Address:

C/O GREG MCGINN  
4641 SW BIMINI CIRCLE  
PALM CITY, FL 34990

FEI Number: 59-2827319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGINN, GREG  
4641 SW BIMINI CIRCLE N.  
PALM CITY, FL 34990 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: P ( ) Delete  
Name: BOUGHN, TRENTON C  
Address: 35 SW 24TH RD  
City-St-Zip: MIAMI, FL 33129

Title: VP ( ) Delete  
Name: CORMIER, SCOTT  
Address: 2465 SW VARDON ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T ( ) Delete  
Name: SWIFT, BOB  
Address: 6450 8TH ST  
City-St-Zip: VERO BEACH, FL 32968

Title: S ( ) Delete  
Name: CONWAY, DENNIS  
Address: 3633 DUNES RD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: MCGINN, GREG  
Address: 4641 SW BIMINI CIR  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: NUQUIST, KIM  
Address: 127 E RIVERSIDE DR  
City-St-Zip: JUPITER, FL 33469

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BAUGHN, TRENT  
Address: 35 SW 24TH RD  
City-St-Zip: MIAMI, FL 33129

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MCGINN, KATHLEEN  
Address: 4641 SW BIMINI CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: GREG MCGINN

D

02/20/2008

Electronic Signature of Signing Officer or Director

Date