

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19725

FILED
Mar 04, 2010
Secretary of State

Entity Name: TREASURE COAST RETRIEVER CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: D
Name: BAUGHN, TRENT
Address: 35 SW 24TH RD
City-St-Zip: MIAMI, FL 33129

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

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

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

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

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

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: GREG MCGINN

DIR

03/04/2010

Electronic Signature of Signing Officer or Director

_____ Date