

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19725

FILED  
Feb 07, 2012  
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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

C/O KATHY 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:**

MCGINN, KATHY  
4641 SW BIMINI CIRCLE N.  
PALM CITY, FL 34990 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: KATHY MCGINN

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ORLOFF, MIKE  
Address: 5363 LA GORCE DR  
City-St-Zip: MIAMI, FL 33140

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

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

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

Title: VP  
Name: CONKLIN, CHELSEY  
Address: 1354 SE BAYHARBOR ST  
City-St-Zip: PORT ST. LUCIE, FL, FL 34983

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: KATHY MCGINN

RA

02/07/2012

Electronic Signature of Signing Officer or Director

Date