

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N36941** (5)

1. Corporation Name

**THE PUG CLUB OF SOUTH FLORIDA, INC.**



Principal Place of Business

Mailing Address

% STEVEN A. MASON  
3595 SHERIDAN STR  
HOLLYWOOD FL 33021  
US

% DONNA SHEFFIELD  
13721 NEWPORT MANOR  
DAVIE FL 33325  
US

3. Date Incorporated or Qualified  
**03/02/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0072536**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASON, STEVEN A.  
3595 SHERIDAN STR  
STE 204  
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P LEWIS, DIANE  
605 SE ATLANTIC DR  
LANTANA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V MONTEROSSO, IRENE  
381 NW SHERBROOKE AVE  
PT ST LUCIE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D CROWE, JUDITH  
1520 SW 5TH AVE  
POMPANO BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D MASON, DALE  
2520 SW 55TH ST  
FT LAUDERDALE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

S SHEFFIELD, DONNA  
13721 NEWPORT MANOR  
DAVIE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

D WINFIELD, DAVE  
654 NW 107 LN  
CORAL SPGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

V LEWIS, DIANE  
710 SE ATLANTIC DR  
LANTANA, FL.

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition

P

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

S

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☒ Change ☐ Addition

S

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

D LEWIS STALL  
710 SE ATLANTIC DR  
LANTANA, FL.

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☒ Addition

T GILES, CARIL AUNE  
10428 ACME RD  
WEST PALM BEACH, FL 33414

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (12/95)