

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02/13/06 90028 046 \$61.25  
07312006 Chg-NP CR2E037 (4/06)

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>DOCUMENT # N93000000745</b><br>1. Entity Name<br><b>TREASURE COAST TURF TECHNICIANS ASSOCIATION, INC.</b>   |  |  |   |   |   |
| Principal Place of Business<br><b>4900 SW BERRY AVE<br/>PALM CITY, FL 34990 US</b>   |  |  | Mailing Address<br><b>PO BOX 1206<br/>PALM CITY, FL 34991 US</b>  |   |   |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |   |
| City & State   |  | City & State   |   |   |   |
| Zip  | Country  | Zip  | Country   |   |   |
| 4. FEI Number<br><b>59-3166669</b>   |  |  |   | Applied For<br><input type="checkbox"/> Additional Fee Required<br><input checked="" type="checkbox"/> Not Applicable |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |  |   |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>WOLFE, GARY—<br/>2537 BURTON ST<br/>PORT SAINT LUCIE, FL 34952</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |   |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |   |
| <b>Filing Fee is \$61.25<br/>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |   |
| Make check payable to Florida Department of State  |  |  |   |   |   |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>RAITHEL, BRUCE<br/>199 CURTIS CT<br/>SEBASTIAN, FL 32958</b>          | <input checked="" type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>President<br/>Bruce Raithe<br/>119 Curtis Circle<br/>Sebastian, FL 32958</b>                 |
|  |  |  |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>COGGINS, CORBY<br/>792 SEVEN GABLES CIRCLE<br/>PALM BAY, FL 32909</b> | <input checked="" type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Vice President<br/>Corby Coggins<br/>792 Seven Gables Circle<br/>Palm Bay, FL 32909</b>      |
|  |  |  |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>NELSON, ROBERT<br/>PO BOX 1429<br/>PALM CITY, FL 34991</b>            | <input checked="" type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Secretary/Treasurer<br/>Kenneth Parker<br/>689 Brookedge Terrace<br/>Sebastian, FL 32958</b> |
|  |  |  |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>PARKER, KENNETH<br/>689 BROOKEDGE TERR<br/>SEBASTIAN, FL 32958</b>    | <input checked="" type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
|  |  |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
|  |  |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| 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 attachment with an address, with all other like empowered. |  |  |   |   |   |
| <b>SIGNATURE: <u>Bruce Raithe</u> <u>Bruce Raithe</u> <u>7/31/06</u> <u>(772) 633-1409</u></b>   |  |  |   |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |  |  |   |   |   |

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