# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2009**
**Secretary of State**

DOCUMENT# N95000000663

**Entity Name:** GOLD COAST DOG CLUB, INC.

**Current Principal Place of Business:**

6591 SW 45TH ST.
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

8831 NW 14TH ST.
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number: 65-0495473** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, JANA
8831 NW 14TH STREET
PEMBROKE PINES, FL 33024 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: PD ( ) Delete
Name: SANTARONE, STACY
Address: 149 CHELSEA LANE
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete
Name: THOMAS, JANA
Address: 8831 NW 14TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD ( ) Delete
Name: CHIGER, RUTH
Address: 21300 NW 23 CT
City-St-Zip: MIAMI, FL 33180

Title: VPD ( ) Delete
Name: PANETTA, MICHELE
Address: 3963 NW 18TH AVENUE
City-St-Zip: OAKLAND PARK, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: SANTARONE, STACY
Address: 149 CHELSEA LANE
City-St-Zip: PLANTATION, FL 33324

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

Title: SD (X) Change ( ) Addition
Name: SANTARONE, STACY
Address: 149 CHELSEA LANE
City-St-Zip: PLANTATION, FL 33324

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: JANA R THOMAS T 04/05/2009

Electronic Signature of Signing Officer or Director — Date