2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N95000002098

Entity Name: TOY DOG CLUB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6980 N.W. 29TH LN
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6980 NW 29TH LN
FT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0668104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBIN, COMER
6980 N.W. 29TH LN
FT LAUDERDALE, FL 33309 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:	P	( ) Delete
Name:	LYNN, HOFFMAN	
Address:	240 N.W. 9TH ST	
City-St-Zip:	BOCA RATON, FL 33437	
Title:	T	( ) Delete
Name:	COMER, ROBIN G	
Address:	6980 N.W. 29TH LN	
City-St-Zip:	FORT LAUDERDALE, FL 33304	
Title:	D	( ) Delete
Name:	KOPP, BILL	
Address:	316 PLANTATION RD	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	S	( ) Delete
Name:	GOLFARB, KIM	
Address:	7849 PALENCIA WAY	
City-St-Zip:	DELRAY BCH, FL 33446	
Title:	V	( ) Delete
Name:	PRINSTEIN, IRENE	
Address:	5224 BOLERO CIRCLE	
City-St-Zip:	DELRAY BCH, FL 33484	
Title:	D	( ) Delete
Name:	ANGELO, ROBERT D	
Address:	625 ANTIOCH AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROBIN G. COMER T 04/08/2009

Electronic Signature of Signing Officer or Director — Date