

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004751

FILED
Mar 15, 2007
Secretary of State

Entity Name: EVERGLADES GOLDEN RETRIEVER CLUB, INC.

Current Principal Place of Business:

333 CAMBRIDGE DR
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

22559 GROUPE COURT
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 65-0732699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPPAPORT, DAVID M
333 CAMBRIDGE DRIVE
WESTON, FL 33326 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: ANDREWS, PATRICIA A
Address: 22559 GROUPE CT
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: CUDAK, KATHY
Address: 1462 NW 97 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: OXENBERG, PAMALA
Address: 17569 FIELDBROOK COURT E
City-St-Zip: BOCA RATON, FL 33496

Title: SD () Delete
Name: SCRIBNER, SUSAN
Address: 5346 VALLEJO TERRACE
City-St-Zip: DELRAY BEACH, FL 33484

Title: TD () Delete
Name: SHARE, LINDA
Address: 5545 NW 107 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPD () Delete
Name: CLARK, KARA
Address: 10792 NW 8TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DAVIS, DIANE
Address: 400 N FIGTREE LANE
City-St-Zip: PLANTATION, FL 33317

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

Title: SD (X) Change () Addition
Name: PANETTA, MICHELE
Address: 3963 NW 18 AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: TD (X) Change () Addition
Name: PANETTA, MICHELE
Address: 3963 NW 18 AVENUE
City-St-Zip: OAKLAND PARK, FL 33309

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA ANNE ANDREWS

PD

03/15/2007

Electronic Signature of Signing Officer or Director

Date