2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004751

FILED Feb 05, 2009 Secretary of State

Entity Name: EVERGLADES GOLDEN RETRIEVER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 333 CAMBRIDGE DR WESTON, FL 33326 **Current Mailing Address: New Mailing Address:** 10729 ROYAL CARIBBEAN CIRCLE BOYNTON BEACH, FL 33437 FEI Number: 65-0732699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAPPAPORT, DAVID M 333 CAMBRIDGE DRIVE WESTON, FL 33326 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete KOPCO, PATRICIA PANETTA, MICHELE Name: Name: 5363 LA GORCE DRIVE Address: 3963 NW 18TH ST Address: OAKLAND PARK, FL 33309 City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: Title: VPD (X) Change () Addition () Delete DAVIS, DIANE Name: DAVIS, DIANE Name: Address: 400 N FIGTREE LANE Address: 400 N FIGTREE LANE City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317 Title: () Delete Title: () Change () Addition OXENBERG, PAMALA Name: Name: Address: 17569 FIELDBROOK COURT E Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: VPD () Delete Title: (X) Change () Addition Name: PANETTA, MICHELE Name: FISTEL, PAULA 19042 CYPRESS CRIK COURT Address: 3963 NW 18 AVE Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: BOCA RATON, FL 33498 Title: () Delete Title: () Change () Addition GOLDMAN, MARLENE Name: Name: 10729 ROYAL CARIBBEAN CIRCLE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: () Delete Title: () Change () Addition BLOOME, ELLEN Name: Name: Address: 22242 WOODSET LN Address: BOCA RATON, FL 33428 City-St-Zip: 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: MARLENE GOLDMAN TREA 02/05/2009