

FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005564 (7)**

1. Corporation Name

**TREASURE COAST PUG CLUB, INC.**



Principal Place of Business	Mailing Address
381 NORTHWEST SHERBROOKE AVENUE PORT ST. LUCIE FL 34983-1140	381 NORTHWEST SHERBROOKE AVENUE PORT ST. LUCIE FL 34983-1140

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 370 NW TYLER AVE. Suite, Apt. #, etc.	26 370 NW TYLER AVE. Suite, Apt. #, etc.
22 City & State	27 City & State
23 PORT ST. LUCIE, FLORIDA	28 PORT ST. LUCIE, FLORIDA
24 Zip 34983	29 Zip 34983
25 Country	30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTEROSSO, IRENE	1.2 NAME	DAVE KOTZEN
STREET ADDRESS	381 NORTHWEST SHERBROOKE AVENUE	1.3 STREET ADDRESS	370 NW TYLER AVE.
CITY-ST-ZIP	PORT ST. LUCIE FL 34983-1140	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLTZ, CANDI	2.2 NAME	CAROL SACCHETTI
STREET ADDRESS	600 6TH AVE	2.3 STREET ADDRESS	246 NE GRANDEUR AVE
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACCHETTI, CAROL	3.2 NAME	KAREN DEGNON
STREET ADDRESS	1732 CANORA RD	3.3 STREET ADDRESS	106 PINWOOD CT.
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINFIELD, DAVID A	4.2 NAME	
STREET ADDRESS	730 CAMELIA LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DIANE	5.2 NAME	
STREET ADDRESS	710 SE ATLANTIC DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTZEN, MARY	6.2 NAME	
STREET ADDRESS	370 NW TYLER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

4/16/98

4/16/98 3:00

CR2E037 (10/97)