

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90162 015 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005564

1: Corporation Name

TREASURE COAST PUG CLUB, INC.

Principal Place of Business

370 NW TYLER AVE  
PORT ST LUCIE FL 34983  
US

Mailing Address

370 NW TYLER AVE  
PORT ST LUCIE FL 34983  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME DOTZEN, DAVE  
STREET ADDRESS 370 NW TYLER AVE  
CITY-ST-ZIP PORT ST. LUCIE FL 34983-1140

TITLE VD  
NAME SACCHETTI, CAROL  
STREET ADDRESS 246 NE GRANDEUR AVE  
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE SD  
NAME DEGNON, KAREN  
STREET ADDRESS 106 PINWOOD CT  
CITY-ST-ZIP JUPITER FL 33458

TITLE TD  
NAME WINFIELD, DAVID A  
STREET ADDRESS 730 CAMELIA LN  
CITY-ST-ZIP VERO BCH FL

TITLE S  
NAME LEWIS, DIANE  
STREET ADDRESS 710 SE ATLANTIC DR  
CITY-ST-ZIP LANTANA FL

TITLE D  
NAME KOTZEN, MARY  
STREET ADDRESS 370 NW TYLER AVE  
CITY-ST-ZIP PORT ST LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME DAVE KOTZEN  
1.3 STREET ADDRESS 370 N.W. TYLER AVE.  
1.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34983-1140

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)