

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90234 044 ****70.00

DOCUMENT # N98000007066

1. Entity Name
FLORIDA GUARD ASSOCIATION INC.



Principal Place of Business
75 GREENTREE ST
HOMOSASSA, FL 34446

Mailing Address
75 GREENTREE ST
HOMOSASSA, FL 34446

60002006



2. Principal Place of Business

320 SE FISH RD

Suite, Apt. #, etc.

3. Mailing Address

320 SE FISH RD

Suite, Apt. #, etc.

01102006 Chg-NP CR2E037 (11/05)

City & State

PORT St Lucie FL

City & State

PORT St Lucie FL

4. FEI Number

APPLIED FOR 65-0897779

Applied For

Not Applicable

Zip
34984

Country
USA

Zip
34984

Country
USA

5. Certificate of Status Desired

A \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, JOHN G JR
75 GREENTREE ST
HOMOSASSA, FL 34446

7. Name and Address of New Registered Agent

Name
JEFFREY ZWENKE
Street Address (P.O. Box Number is Not Acceptable)
320 SE FISH RD

City
PORT St Lucie FL Zip Code
34984

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeffrey C. Zwenke **JEFFREY ZWENKE President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD AUSTIN, JOHN G JR 75 GREENTREE ST HOMOSASSA, FL 34446 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD WALTER, CHARLES D 13037 EVERHARD DR SPRING HILL, FL 34609 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD WEISE, EDWARD G 530 SE 15TH ST, APT 2 POMPANO BEACH, FL 33060 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD JEFFREY ZWENKE 320 SE FISH RD PORT St Lucie FL 34984 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T PHILIP CAMILLOCCI 1302 SE MADISON AVE STUART FL 34996 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey C. Zwenke **JEFFREY ZWENKE** 1/12/06 (722) 336-3288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #