

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90013 015 ****61.25

DOCUMENT # N99000004366

1. Entity Name
SOUTH FLORIDA BASSET HOUND CLUB, INC.



Principal Place of Business
**4395 SE SWEETWOOD WAY
STUART, FL 34997 US**

Mailing Address
**4395 SE SWEETWOOD WAY
STUART, FL 34997 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASON, STEVEN
3363 SHERIDAN ST, SUITE 201
HOLLYWOOD, FL 33021**

Name

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

City

FL

Zip Code

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 _____
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, 2008**

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 PD ☒ Delete
NAME JOINER, KIRK
STREET ADDRESS 1577 SW 218 STREET
CITY-ST-ZIP GOULDS, FL 33170

TITLE President ☒ Change ☐ Addition
NAME Jacky Pomponio
STREET ADDRESS 6147 Pine Knoll
CITY-ST-ZIP Lantana, FL 33462

TITLE SD ☐ Delete
NAME MISURELLI, MICHELE
STREET ADDRESS 8111 NW 13 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE Vice President ☐ Change ☒ Addition
NAME Susan Steinberg
STREET ADDRESS 2506 NW 54 Street
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE TD ☐ Delete
NAME WOOD, MARCIA
STREET ADDRESS 4395 SE SWEETWOOD WAY
CITY-ST-ZIP STUART, FL 34997

TITLE Director ☒ Change ☐ Addition
NAME Nancy Locke
STREET ADDRESS 850 Via Toscana
CITY-ST-ZIP Wellington, FL 33414

TITLE D ☐ Delete
NAME BARRETT, PENNY
STREET ADDRESS 2132-D WHITE PINE CIRCLE
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE Director ☒ Change ☐ Addition
NAME Nancy Lee Michaels
STREET ADDRESS 4169 Oceanview Drive
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE D ☐ Delete
NAME HOOD, LYNN
STREET ADDRESS 15415 MEADOW WOOD DRIVE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE Director ☒ Change ☐ Addition
NAME Melodie Jones
STREET ADDRESS 7395 Pioneer Road
CITY-ST-ZIP West Palm Beach, FL 33413

TITLE D ☒ Delete
NAME WOOD, PETER
STREET ADDRESS 4395 SE SWEETWOOD WAY
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Theresa A. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08 772-286-5778
Date Daytime Phone #