

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744315

Entity Name: TREASURE COAST BONSAI SOCIETY INC.**Current Principal Place of Business:**BARBARA R POGLITSCH
5622 SE LAMAY DRIVE
STUART, FL 34997**Current Mailing Address:**BARBARA R POGLITSCH
5622 SE LAMAY DRIVE
STUART, FL 34997 US**FEI Number:** 59-2335697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POGLITSCH, BARBARA R
5622 SE LAMAY DRIVE
STUART, FL 34997-6548 US*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:** BARBARA R POGLITSCH

02/17/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	POGLITSCH, BARBARA R
Address	5622 SE LAMAY DRIVE
City-State-Zip:	STUART FL 34997
Title	D
Name	VERONE, JOSEPH J
Address	403 SW SUNVIEW WAY
City-State-Zip:	PORT ST LUCIE FL 34986-2653
Title	SECRETARY
Name	IANNOTTI, DONNA
Address	6461 58TH SQUARE
City-State-Zip:	VERO BEACH FL 32967
Title	DIRECTOR
Name	FORTINGTON, MARIA
Address	1510B NW AMHERST AVENUE
City-State-Zip:	PORT ST LUCIE FL 34986

Title	PRESIDENT
Name	SHERMAN, NOREEN
Address	548 SW ST LUCIE CRESCENT
City-State-Zip:	STUART FL 34994-2825
Title	VP
Name	TAYLOR, DENNIS
Address	4415 SW FIRESIDE CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34953
Title	DIRECTOR
Name	SCRIDON, TUDOR
Address	2202 E OCEAN OAKS LANE
City-State-Zip:	VERO BEACH FL 32963

I hereby 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 all other like empowered.

SIGNATURE: BARBARA R POGLITSCH**TREASURER**

02/17/2016

Electronic Signature of Signing Officer/Director Detail

Date