

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761427 (4)

1. Corporation Name

TREASURE CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

130 COCO PLUM DR.  
APARTMENT #203 401  
MARATHON FL 33050

130 COCO PLUM DR.  
APARTMENT #203 401  
MARATHON FL 33050

3. Date Incorporated or Qualified: 01/12/1982  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2597634	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State			
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26	Country	30	Country			
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, RALPH F. 130 COCO PLUM DR. APARTMENT #203 MARATHON FL 33050				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RALPH			1.2 NAME			
STREET ADDRESS	130 COCO PLUM DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARATHON FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE VP only D		2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENTINI, FRED			2.2 NAME	PAUL JOTTI		
STREET ADDRESS	130 COCO PLUM DR #202			2.3 STREET ADDRESS	130 COCO PLUM DR. #401		
CITY-ST-ZIP	MARATHON FL			2.4 CITY-ST-ZIP	MARATHON, FL 33050		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONGER, MARY			3.2 NAME			
STREET ADDRESS	130 COCO PLUM DR #401			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARATHON FL			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, S. MARIE			4.2 NAME			
STREET ADDRESS	130 COCO PLUM DR #203			4.3 STREET ADDRESS			
CITY-ST-ZIP	MARATHON FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SMITH RALPH F. *Ralph F Smith* 4-19-96 305-289-0672  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)