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FILED
Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761427 (4)
1. Corporation Name
TREASURE CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 130 COCO PLUM DR. APT. 401 MARATHON FL 33050 US	Mailing Address 130 COCO PLUM DR. APT. 401 MARATHON FL 33050-4028 US
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3. Date Incorporated or Qualified 01/12/1982	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

4. FEI Number 59-2597634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**SMITH, RALPH F.
130 COCO PLUM DR.
APARTMENT #203
MARATHON FL 33050**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SMITH, RALPH	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	D LENTINI, FRED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTINI, FRED	2.2 NAME	
STREET ADDRESS	130 COCO PLUM DR #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	
TITLE	VPD FETTIG, PAUL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETTIG, PAUL	3.2 NAME	
STREET ADDRESS	130 COCO PLUM DRIVE #401	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	
TITLE	D CARL KNOY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL KNOY	4.2 NAME	
STREET ADDRESS	130 COCO PLUM DR. #403	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL.	4.4 CITY-ST-ZIP	
TITLE	D LYNN McCLEERY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN McCLEERY	5.2 NAME	
STREET ADDRESS	130 COCO PLUM DR. #302	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL.	5.4 CITY-ST-ZIP	
TITLE	D BEN DORAN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN DORAN	6.2 NAME	
STREET ADDRESS	130 COCO PLUM DR. # 204	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL.	6.4 CITY-ST-ZIP	

I do 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.

SIGNATURE: SMITH RALPH F. 4-11-97 305 289 0672

CR2E037 (9/96)