

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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. APT. 401 MARATHON FL 33050 US

130 COCO PLUM DR. APT. 401 MARATHON FL 33050 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
01/12/1982

4. FEI Number 59-2597634 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current 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 Zip Code

10. Name and Address of New Registered Agent

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, RALPH	
STREET ADDRESS	130 COCO PLUM DR	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LENTINI, FRED	
STREET ADDRESS	130 COCO PLUM DR #202	
CITY-ST-ZIP	MARATHON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FETTIG, PAUL	
STREET ADDRESS	130 COCO PLUM DRIVE #401	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNOY, CAROL	
STREET ADDRESS	130 COCO PLUM DR #403	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLEERY, LYN	
STREET ADDRESS	130 COCO PLUM DR #302	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORAN, BEN	
STREET ADDRESS	130 COCO PLUM DR #204	
CITY-ST-ZIP	MARATHON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Molly P. FETTIG	
2.3 STREET ADDRESS	130 COCO PLUM #401	
2.4 CITY-ST-ZIP	MARATHON, FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KNOX, CARL	(Spelling)
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	FL.	

14. I 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: *Ralph F. Smith* 4-28-98

CR2E037 (10/97)