

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
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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 US
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3. Date Incorporated or Qualified 01/12/1982	
4. FEI Number 59-2597634	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, RALPH F. 130 COCO PLUM DR. APARTMENT #203 MARATHON FL 33050	
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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	
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RALPH 130 COCO PLUM DR MARATHON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENTINI, FRED 130 COCO PLUM DR #202 MARATHON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FETTIG, PAUL 130 COCO PLUM DRIVE #401 MARATHON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOY, CAROL 130 COCO PLUM DR #403 MARATHON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLEERY, LYN 130 COCO PLUM DR #302 MARATHON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, BEN 130 COCO PLUM DR #204 MARATHON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PDC
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/S Molly P. FETTIG 130 COCO PLUM #401 MARATHON FL.
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	KNOX, CARL (spelling)
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 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)