FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 761427

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		
Principal Place of Business 21	2a. Mailing Address		
	0 2 4 4 4 -4-		

472337 - 90079 - 50

3. Date Incorporated or Qualifed

FILED

05-03-1999 90079 050 ****61.25

May 03, 1999 8:00 am § Secretary of State

21	,	26	-		01/12/1982		
	Suite, Apt. #, etc.	1	Suite, Apt. #, etc.		4. FEI Number		Applied For
22		27			59-2597634		Not Applicable
23	City & State	28	City & State		5. Certificate of Status Desired		8.75 Additional Fee Required
24	Zip Country	29	Zip Coul	ntry	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name PAUL F. FETTIGE		
SMITH, RALPH F. 130 COCO PLUM DR. APARTMENT #203			82	Street Address (P.O. Box Number is Not Acceptable)	οί		
			83	CONO0 # 401			
	MARATHON FL 33050			84	City MARATHON	EL 85	Zip Code 33050

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 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, and accept the appointment as registered agent. Lam familiar with and accept the appointment as registered agent.

agent. I am familiar with, and accept the obligations at table of 7.0003, Florida Statutes.	
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SIGNATURE STATE ST	
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m familiar with, and accept insubgations	Edection of 1.0003, 1 londs	a Oldinoo.	// 50	aa	
Saul T	Killeg	nintered Agent construe		<u>77 </u>	
			equired tries recisedly	D DIRECTOR	RS IN 12
					Addition
			POTTIGE PAUL F	:	
			12 O Coco PLUM DR 401		
			MARRONINI PL.		
			William	Change	Addition
	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
		2.2 NAME			
130 COCO PLUM, SUITE 401		2.3 STREET ADDRESS			
MARATHON FL		2.4 CITY-ST-ZIP		·	= - 1, .; . ;
VPD	DELETE	3.1 TITLE	VPD Populat		☐ Addition
FETTIG. PAUL		3.2 NAME	WALTER DROWN DR "402		
		3.3 STREET ADDRESS	130 Coco PULIT		
			MARATHON FL		•
	☐ DELETE	4.1 TITLE	OCARI KIAUSAN	Change	Addition
		4. 2 NAME	130 CARO PLUMDE #30	3	
130 COCO PLUM DR #403		4.3 STREET ADDRESS	MARATHON, FL.		
MARATHON FL		4.4 CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
D .	☐ DELETE	5.1 TITLE		☐ Change	Addition
MCCLEERY, LYN N		5.2 NAME	· · · · · · · · · · · · · · · · · · ·		•
130 COCO PLUM DR #302		5.3 STREET ADDRESS			*
MARATHON FL		5.4 CITY-ST-ZIP			
D	☐ DELETE	6.1 TITLE		Change	☐ Addition
DORAN, BEN		6.2 NAME			
		6.3 STREET ADDRESS	, .		
	Signature, typed or printed name of registered egent and the OFFICERS AND DIR PDC SMITH, RALPH 130 COCO PLUM DR MARATHON FL TS FETTIG, MOLLY P 130 COCO PLUM, SUITE 401 MARATHON FL VPD FETTIG, PAUL 130 COCO PLUM DRIVE #401 MARATHON FL D KNOX, CARL 130 COCO PLUM DR #403 MARATHON FL D MCCLEERY, LYN N 130 COCO PLUM DR #302 MARATHON FL D DORAN, BEN	OFFICERS AND DIRECTORS PDC SMITH, RALPH 130 COCO PLUM DR MARATHON FL TS	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. PDC SMITH, RALPH 130 COCO PLUM DR 1.3 STREET ADDRESS MARATHON FL 15 DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 DELETE 1.6 COCO PLUM, SUITE 401 1.7 STREET ADDRESS 1.8 STREET ADDRESS 1.9 NAME 1.9 STREET ADDRESS 1.9 NAME 1.9 STREET ADDRESS 1.9 NAME 1.9 DELETE 1.1 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 DELETE 1.6 STREET ADDRESS 1.7 STREET ADDRESS 1.8 STREET ADDRESS 1.9 NAME 1.9 COCO PLUM DRIVE #401 1.9 DELETE 1.1 TITLE 1.9 NAME 1.9 STREET ADDRESS	Signature, typed or printed rame of registered agent and tibs if applicable. OFFICERS AND DIRECTORS SIGNATURE, typed or printed rame of registered agent and tibs if applicable. OFFICERS AND DIRECTORS SIGNATURE, typed or printed rame of registered agent and tibs if applicable. OFFICERS AND DIRECTORS SIGNATURE, typed or printed rame of registered agent and tibs if applicable. OFFICERS AND DIRECTORS SIGNATURE, typed or printed rame of registered agent and tibs if applicable. OFFICERS AND DIRECTORS SIGNATURE, typed or printed rame of registered agent and tibs if applicable. OFFICERS AND DIRECTORS I.1 ITILE 1.1 ITILE 1.2 NAWE 1.3 STREET ADDRESS MARRATHAN PL. I.3 COCCO PLUM, SUITE 401 OCCOP PLUM, SUITE 401 MARRATHON FL. OCCOP PLUM DRIVE #401 MARRATHON FL. D DELETE I.1 ITILE 1.2 NAWE 1.3 COCCO PLUM DRIVE #401 3.2 NAWE 1.3 COCCO PLUM DRIVE #401 MARRATHON FL. OCARY KLAUSON I.3 COCCO PLUM DR #403 MARRATHON FL. D DELETE S.1 ITILE S.1 ITILE S.3 STREET ADDRESS MARRATHON FL. OCARY KLAUSON I.3 COCCO PLUM DR #403 MARRATHON FL. D DELETE S.1 ITILE S.3 STREET ADDRESS MARRATHON FL. OCARY KLAUSON I.3 COCCO PLUM DR #302 MARRATHON FL. D DELETE S.1 ITILE S.3 STREET ADDRESS MARRATHON FL. OCARY KLAUSON I.3 COCCO PLUM DR #302 MARRATHON FL. D DELETE S.1 ITILE S.3 STREET ADDRESS MARRATHON FL. S.4 CITY-ST-ZIP D DELETE S.1 TITLE S.1 TITLE S.2 NAWE S.3 STREET ADDRESS MARRATHON FL. S.4 CITY-ST-ZIP D DELETE S.1 TITLE S.1 TITLE S.2 NAWE S.3 STREET ADDRESS MARRATHON FL. S.4 CITY-ST-ZIP S.5 NAWE S.5 STREET ADDRESS MARRATHON FL. S.6 COCCO S.7 STREET ADDRESS MARRATHON FL. S.6 COCCO S.7 STREET ADDRESS MARRATHON FL. S.6 STREET ADDRESS S.7 STREET ADDRESS MARRATHON FL. S.8 COCCO S.7 STREET ADDRESS MARRATHON FL. S.8 COCCO S.8	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms regulated when reinstating) DATE

MARATHON LF 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, with all other like empowered.

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