

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761427

1. Entity Name

TREASURE CAY CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90039 039 ****61.25

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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country

4. FEI Number: 59-2597634
Applied For: Not Applicable
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: FETIG, PAUL F 130 COCO PLUM DR. CONDO #401 MARATHON FL 33050

7. Name and Address of New Registered Agent: Name: Jim KUIPE
Street Address (P.O. Box Number is Not Acceptable): 130 COCO PLUM DRIVE #301
City: MARATHON FL Zip Code: 33050

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: [Signature] 6-1-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDC	<input checked="" type="checkbox"/> Delete	TITLE	PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FETIG, PAUL F		NAME	KUIPE, Jim	
STREET ADDRESS	130 COCO PLUM DR #401		STREET ADDRESS	130 COCO PLUM DR #301	
CITY-ST-ZIP	MARATHON FL		CITY-ST-ZIP	MARATHON, FL. 33050	
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETIG, MOLLY P		NAME		
STREET ADDRESS	130 COCO PLUM, SUITE 401		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WALTER		NAME		
STREET ADDRESS	130 COCO PLUM DR #402		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, CARL		NAME	BARY KLAUSM	
STREET ADDRESS	130 COCO PLUM DR #403		STREET ADDRESS	130 COCO PLUM DR #303	
CITY-ST-ZIP	MARATHON FL		CITY-ST-ZIP	MARATHON, FL. 33050	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEERY, LYN		NAME	CHARLES Mc CAUGHAN	
STREET ADDRESS	130 COCO PLUM DR #302		STREET ADDRESS	130 COCO PLUM #304	
CITY-ST-ZIP	MARATHON FL		CITY-ST-ZIP	MARATHON, FL. 33050	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORAN, BEN		NAME	KUIPE, Jim	
STREET ADDRESS	130 COCO PLUM DR #204		STREET ADDRESS	130 COCO PLUM DR #301	
CITY-ST-ZIP	MARATHON FL		CITY-ST-ZIP	MARATHON, FL.	
				TONY Smedile	
				130 COCO PLUM DR #404	
				MARATHON, FL.	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 315 289 2390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #