

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 761427

1. Entity 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 33050-4028 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2597634	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FETTIG, PAUL F 130 COCO PLUM DR. CONDO #401 MARATHON FL 33050	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 *James G. Kuyper or J. Kuyper* **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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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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 FETTIG, 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 FETTIG, 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.	
		NAME TONY Smedile	
		STREET ADDRESS 130 COCO PLUM DR #404	
		CITY-ST-ZIP 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: *Paul F. Fettig* **REQUIRE** **FETTIG** **315 289 2390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #