

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90068 003 \*\*\*\*61.25

**DOCUMENT # 761427**

1. Entity Name

**TREASURE CAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

130 COCO PLUM DR.  
 APT. 301  
 MARATHON FL 33050  
 US

130 COCO PLUM DR.  
 APT. 301  
 MARATHON FL 33050  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

KUSEC, JIM  
 130 COCO PLUM DR.  
 CONDO #301  
 MARATHON FL 33050

Name

**Jim Knipe**

Street Address (P.O. Box Number is Not Acceptable)

**130 Coco Plum Dr.  
 #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]*

**Jim Knipe**

**4/2/02**

(Signature, type 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** ☐ Delete  
 NAME **KNIPE, JIM**  
 STREET ADDRESS **130 COCO PLUM DR, #301**  
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **TS D** ☐ Change ☒ Addition  
 NAME **Paul Rendano**  
 STREET ADDRESS **130 Coco Plum Dr. #203**  
 CITY-ST-ZIP **Marathon, FL 33050**

TITLE **TS** ☒ Delete  
 NAME **FETTIG, MOLLY P**  
 STREET ADDRESS **130 COCO PLUM, SUITE 401**  
 CITY-ST-ZIP **MARATHON FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Carl Knox**  
 STREET ADDRESS **130 Coco Plum Dr. #403**  
 CITY-ST-ZIP **Marathon, FL 33050**

TITLE **VPD** ☒ Delete  
 NAME **BROWN, WALTER**  
 STREET ADDRESS **130 COCO PLUM DR #402**  
 CITY-ST-ZIP **MARATHON FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **KLAUSEN, GARY**  
 STREET ADDRESS **130 COCO PLUM DRIVE, #303**  
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MCLAUGHLIN, CHARLES**  
 STREET ADDRESS **130 COCO PLUM, #304**  
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SMEDILE, TONY**  
 STREET ADDRESS **130 COCO PLUM DR, #404**  
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **Tony Smedile**  
 STREET ADDRESS **130 Coco Plum Dr. #404**  
 CITY-ST-ZIP **Marathon, FL 33050**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/02 305-289-1915**

Date

Daytime Phone #

CR2E037 (9/01)