
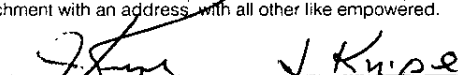


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90029 010 ****61.25

DOCUMENT # 761427 1. Entity Name TREASURE CAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 130 COCO PLUM DR. APT. 301 MARATHON FL 33050 US			Mailing Address 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KNIPE, JIM 130 COCO PLUM DR. #301 MARATHON FL 33050				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIPE, JIM <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	130 COCO PLUM DR, #301		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	D		TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RENDEIRO, PAUL <input checked="" type="checkbox"/> Delete		NAME	Marianne Steinhueker	
STREET ADDRESS	130 COCO PLUM DR #203		STREET ADDRESS	130 Coco Plum Dr. # 204	
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP	Marathon, Fl 33050	
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOX, CARL <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	130 COCO PLUM DR #403		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLAUSEN, GARY <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	130 COCO PLUM DRIVE, #303		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAUGHLIN, CHARLES <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	130 COCO PLUM, #304		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMEDILE, TONY <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	130 COCO PLUM DR, #404		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
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: 			2-8-04 305-289-1915		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		