


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

□□□□□□□□□□ 761427
 1. Entity Name
TREASURE CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 130 COCO PLUM DR. 130 COCO PLUM DR.
 APT. 301 APT. 301
 MARATHON, FL 33050 US MARATHON, FL 33050 US



01182005 □□□□□□□□ □□□□□□□□□□□□

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2597634 Not Applicable

5. Certificate of Status Desired **\$8.75** □□□□□□□□
 □□□□□□□□□□

6. Name and Address of Current Registered Agent
 KNIPE, JIM
 130 COCO PLUM DR.
 #301
 MARATHON, FL 33050

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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing **\$5.00** □□□□□□□□
 Trust Fund Contribution. □□□□□□□□

1100000307696
 04/15/05-80064-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	KNIPE, JIM
STREET ADDRESS	130 COCO PLUM DR, #301
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D
NAME	MARIANNE, STEINHAEKER
STREET ADDRESS	130 CAO PLUM DR., #204
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D
NAME	KNOX, CARL
STREET ADDRESS	130 COCO PLUM DR #403
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	T
NAME	KLAUSEN, GARY
STREET ADDRESS	130 COCO PLUM DRIVE, #303
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D
NAME	MCLAUGHLIN, CHARLES
STREET ADDRESS	130 COCO PLUM, #304
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	VPD
NAME	SMEDILE, TONY
STREET ADDRESS	130 COCO PLUM DR, #404
CITY-ST-ZIP	MARATHON, FL 33050

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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: James A Knipe James A Knipe 4-12-2005 305-289-1915
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #