


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 761427
 1. Entity Name
 TREASURE CAY CONDOMINIUM ASSOCIATION, INC.



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|---|---|
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



01142007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

KNIFE, 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 J. Knipe J. Knipe Pres. DATE 3/24/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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 04/05/07-80046-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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: J. Knipe J. Knipe DATE 3/24/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #