


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



03182008 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 Fees Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 (NOTE: Registered Agent signature required when reinstating)

DATE: 3/18/2008

Filing Fee is \$61.25
Due by May 1, 2008

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

U000000865539
 04/07/08-80032-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC KNIPE, 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

DO NOT WRITE IN THIS SPACE

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 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: J. Knipe J. Knipe (NOTE: Signature and typed or printed name of signing officer or director)

DATE: 3/18/2008 DAYTIME PHONE: 305-289-1915