


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90229 003 \*\*\*\*61.25

**DOCUMENT # N05000008188**  
 1. Entity Name  
**AMA COMMUNITY COUNCIL-TREASURE COAST, INC**



Principal Place of Business  
 4122 SW RAGEN ST  
 PORT ST LUCIE, FL 34953

Mailing Address  
 4122 SW RAGEN ST  
 PORT ST LUCIE, FL 34953

66018686



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03202006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number **06-1754366**  
 Applied For  
 Not Applicable

City & State  
 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution  \$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  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

PTD  
 WALSH, FRANK J  
 4122 SW RAGEN ST  
 PORT ST LUCIE, FL 34953  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

VD  
 THOMPSON, THOMAS C  
 4122 SW RAGEN ST  
 PORT ST LUCIE, FL 34953  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

SD  
 STEELANT, PAUL VAN  
 4122 SW RAGEN ST  
 PORT ST LUCIE, FL 34953  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Delete

TITLE  
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 CITY - ST - ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

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: Frank J. Walsh PTD 4-9-06 (772) 344-8380

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