

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003523

FILED
Jan 09, 2012
Secretary of State

Entity Name: COMMERCIAL REAL ESTATE WOMEN TREASURE COAST, INC.

Current Principal Place of Business:

8233-18 GATOR LANE
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8233-18 GATOR LANE
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GILDAN, LAURIE ESQ.
777 S. FLAGLER DRIVE, SUITE 300E
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: WOODS, SHERRY
Address: 8233-18 GATOR LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: PE
Name: SCHUMACHER, JUDITH
Address: 1568 WATERTOWER ROAD
City-St-Zip: LAKE PARK, FL 33411

Title: S
Name: LEBRUN, BARBARA
Address: 1601 FORUM PL, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T
Name: CALDER, DAWN
Address: 1572 PALM BEACH LAKES BLVD.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D
Name: SMYACK HENNING, KAREN
Address: 825 SUNSET ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D
Name: FARBER, TONI
Address: 1800 AUSTRALIAN AVE. SOUTH, SUITE 102
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERRY WOODS

P

01/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date