

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25326

(2)

1. Corporation Name

TREASURE COVE PROPERTY OWNERS ASSOCIATION OF HOBE
E SOUND, INC.



Principal Place of Business

P.O. BOX 1658
HOBE SOUND FL 33475-0658

Mailing Address

P.O. BOX 1658
HOBE SOUND FL 33475-1658
US

3. Date Incorporated or Qualified
03/10/1988

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZANETTI, MICHAEL
8202 SE ROYAL ST
HOBE SOUND FL 33455

81 Name
WALTER Spiegel

82 Street Address (P.O. Box numbers Not Acceptable)

8501 S.E. ROYAL STREET

83 City

Hobe Sound

FL

85 Zip Code

33455

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

WALTER Spiegel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-29-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JONCZAK, TED
STREET ADDRESS 8222 SE ROYAL ST.
CITY - ST - ZIP HOBE SOUND FL ☒ DELETE

TITLE VD
NAME HUGHES, BILL
STREET ADDRESS 8271 SE ROYAL ST.
CITY - ST - ZIP HOBE SOUND FL ☒ DELETE

TITLE SD
NAME ZANETTI, DOTI
STREET ADDRESS 8202 SE ROYAL ST.
CITY - ST - ZIP HOBE SOUND FL ☒ DELETE

TITLE D
NAME METZGER, KRIS
STREET ADDRESS 8252 SE ROYAL ST.
CITY - ST - ZIP HOBE SOUND FL ☒ DELETE

TITLE D
NAME FRYBERGER, JOHN
STREET ADDRESS 8622 SE ROYAL ST.
CITY - ST - ZIP HOBE SOUND FL ☐ DELETE

TITLE D
NAME ZANETTI, MICHAEL
STREET ADDRESS 8202 SE ROYAL ST.
CITY - ST - ZIP HOBE SOUND FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President - Director ☒ Change ☒ Addition
1.2 NAME WALTER Spiegel
1.3 STREET ADDRESS 8501 S.E. ROYAL STREET
1.4 CITY - ST - ZIP Hobe Sound, FL 33455

2.1 TITLE Vice President - Director ☒ Change ☒ Addition
2.2 NAME FRED THAYER
2.3 STREET ADDRESS 8580 S.E. SABAL STREET
2.4 CITY - ST - ZIP Hobe Sound, FL 33455

3.1 TITLE Secretary - Director ☒ Change ☒ Addition
3.2 NAME Dick SpHeing
3.3 STREET ADDRESS 8534 S.E. GANNAN ST.
3.4 CITY - ST - ZIP Hobe Sound, FL 33455

4.1 TITLE Treasurer - Director ☒ Change ☒ Addition
4.2 NAME JANE CASHELL
4.3 STREET ADDRESS 8600 S.E. SABAL STREET
4.4 CITY - ST - ZIP Hobe Sound, FL 33455

5.1 TITLE 800001753638
5.2 NAME -03/22/96--01010--012
5.3 STREET ADDRESS ***\$61.25
5.4 CITY - ST - ZIP

6.1 TITLE Director ☒ Change ☒ Addition
6.2 NAME WILL BROWN
6.3 STREET ADDRESS 8620 S.E. SABAL STREET
6.4 CITY - ST - ZIP Hobe Sound, FL 33455

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-28-96

Daytime Phone #

56 3-21-96

CR2E037 (12/95)