SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 HOB E SOUND, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1658 HOBE SOUND FL 33475-8658	P.O. BOX 1658 HOBE SOUND FL 33475-1658 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1988**
3a. Date of Last Report: **03/21/1996**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SPIEGEL, WALTER
8501 S.E. ROYAL STREET
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 9/15/97
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPIEGEL, WALTER		1.2 NAME		
STREET ADDRESS	8501 S.E. ROYAL ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THAYER, FRED		2.2 NAME		
STREET ADDRESS	8580 SE ROYAL ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHEUING, DICK		3.2 NAME		
STREET ADDRESS	8534 SE BANYAN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CASHELL, JANE		4.2 NAME		
STREET ADDRESS	8600 SE SABAL ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRYBERGER, JOHN		5.2 NAME		
STREET ADDRESS	8622 SE ROYAL ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, WILL		6.2 NAME		
STREET ADDRESS	8620 SE SABAL ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: REQUIRED Jane Cashell 9/15/97 (561) 545-9445