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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25326**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/10/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAIRN, TERRY		2.2 NAME		
STREET ADDRESS	8482 SE ROYAL STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		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	D	☑ Change ☐ Addition
NAME	CASHELL, JANE		4. 2 NAME	Cashell, Jane	
STREET ADDRESS	8600 SE SABAL ST		4.3 STREET ADDRESS	8600 SE Sabal St	
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP	Hobe Sound, Fl. 33455	
TITLE	D	☐ DELETE	5.1 TITLE	TD	☐ Change ☑ Addition
NAME	FRYBERGER, JOHN		5.2 NAME	Forrest, Kenneth	
STREET ADDRESS	8622 SE ROYAL ST.		5.3 STREET ADDRESS	8480 SE Sabal St	
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP	Hobe Sound, Fl. 33455	
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/99 561-546-5798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #