

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25326

FILED
Jan 12, 2005
Secretary of State

Entity Name: TREASURE COVE PROPERTY OWNERS ASSOCIATION OF HOBE SOUND, INC.

Current Principal Place of Business:

P.O. BOX 1658
HOBE SOUND, FL 334758658

New Principal Place of Business:

P.O. BOX 1658
HOBE SOUND, FL 334751658

Current Mailing Address:

P.O. BOX 1658
HOBE SOUND, FL 334751658 US

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:

SPIEGEL, WALTER
8501 S.E. ROYAL STREET
HOBE SOUND, FL 33455 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: PD () Delete
Name: SPIEGEL, WALTER
Address: 8501 S.E. ROYAL ST
City-St-Zip: HOBE SOUND, FL 33455

Title: VD () Delete
Name: NAIRN, TERRY
Address: 8482 SE ROYAL STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: SCHEUING, RICHARD
Address: 8622 SE ROYAL ST
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: PRUETT, KIMBERLY
Address: 8514 S.E. BANYAN TREE STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: BROWN, WILL
Address: 8620 SE SABAL ST
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY PRUETT

TD

01/12/2005

Electronic Signature of Signing Officer or Director

Date