

**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 # N93000000745 (0)**  
1. Corporation Name

**TREASURE COAST TURF MECHANICS ASSOCIATION, INC.**



Principal Place of Business: **1666 WHITMORE STREET SEBASTIAN FL 32958**  
Mailing Address: **P. O. BOX 780086-0086 SEBASTIAN FL 32978 US**

3. Date Incorporated or Qualified: **03/16/1993**  
3a. Date of Last Report: **02/23/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number <b>59-3166669</b>	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		<input type="checkbox"/>		<input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country								

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**VOCELLE, JAMES T  
1666 WHITMORE STREET  
- SEBASTIAN FL 32958**

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

**FL**

14. 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

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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VOCELLE, JAMES T 1666 WHITMORE STREET SEBASTIAN FL 32958	11 TITLE	STD David P. Barth 157 Englar Dr Sebastian FL 32958
NAME	HECKMAN, LEE 2826 58TH CT. VERO BEACH FL 32966	12 NAME	
STREET ADDRESS	STO PETZOLD, GARYARD J 780 MULBERRY STREET SEBASTIAN FL 32958	13 STREET ADDRESS	
CITY-ST-ZIP	S EDWARDS, MICKEY 7795 WINNOA RD. MELBOURNE FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	888881765688
NAME		52 NAME	-04/02/96--01012--001
STREET ADDRESS		53 STREET ADDRESS	***61.25
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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:

*James T. Vocelle* James T. Vocelle Pres 3-23-95 407-388-9820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)