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Feb 21 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 # N93000000745 (0)

1. Corporation Name

TREASURE COAST TURF MECHANICS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1666 WHITMORE STREET
SEBASTIAN FL 32958

P. O. BOX 780066-0066
SEBASTIAN FL 32976
US

3. Date Incorporated or Qualified
03/16/1993

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 2626 58TH CT

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 VERO BEACH FL.

28

Zip

Country

Zip

Country

24 32966

25 U.S.A.

29

30

4. FEI Number

59-3166669

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

VOCELLE, JAMES T
1666 WHITMORE STREET
SEBASTIAN FL 32958

81 Name

HECKMAN LEE

82 Street Address (P.O. Box Number is Not Acceptable)

2626 58TH CT.

83

84 City

VERO BEACH

FL

85 Zip Code

32966

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

Signature of agent or printer name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

James T. Vocelle Lee Heckman - President 2-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VOCELLE, JAMES T	
STREET ADDRESS	1666 WHITMORE STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HECKMAN, LEE	
STREET ADDRESS	2626 58TH CT.	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BARTH, DAVID P	
STREET ADDRESS	157 ENGLEW DR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HECKMAN, LEE	
1.3 STREET ADDRESS	2626 58TH CT.	
1.4 CITY-ST-ZIP	VERO BEACH FL 32966	
2.1 TITLE	V. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID BARTH, DAVID P	
2.3 STREET ADDRESS	157 ENGLAR DR.	
2.4 CITY-ST-ZIP	SEBASTIAN FL 32958	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DANCHOU MARK	
3.3 STREET ADDRESS	13583 103RD ST.	
3.4 CITY-ST-ZIP	PELSMERE FL. 32948	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James T. Vocelle Heckman 2-11-97 561-778-2909

CR2E037 (9/96)