

FILE NOW: FILING FEE IS \$61.25

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**Mar 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000745 (0)
1. Corporation Name
TREASURE COAST TURF MECHANICS ASSOCIATION, INC.



Principal Place of Business 2626 58TH CT. VERO BCH FL 32966 US	Mailing Address P. O. BOX 780086-0086 SEBASTIAN FL 32978 US
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3. Date Incorporated or Qualified 03/16/1993	
4. FEI Number 59-3166669	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 157 ENGLAR DR	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SEBASTIAN FL.	City & State 28
Zip 24 32958	Country 25 USA
	Country 30

9. Name and Address of Current Registered Agent
**HECKMAN LEE
2626 58TH CT.
VERO BCH FL 32966**

10. Name and Address of New Registered Agent

81 Name DAVID P. BARTH		
82 Street Address (P.O. Box Number is Not Acceptable) 157 ENGLAR DR.		
83		
84 City SEBASTIAN	85 State FL	86 Zip Code 32958

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 **DAVID P. BARTH PRESIDENT** *David P. Barth* **1-10-98**
Signature, typed 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	NAME HECKMAN, LEE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2626 58TH CT.	CITY-ST-ZIP VERO BCH FL	1.2 NAME DAVID P. BARTH
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 157 ENGLAR DR
TITLE VD	NAME BARTH, DAVID P	1.4 CITY-ST-ZIP SEBASTIAN FL 32958
STREET ADDRESS 157 ENGLAR DR.	CITY-ST-ZIP SEBASTIAN FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME MARK PANCHOU
TITLE STD	NAME BARTH, DAVID P	2.3 STREET ADDRESS 13583 103RD ST.
STREET ADDRESS 157 ENGLEW DR	CITY-ST-ZIP SEBASTIAN FL 32958	2.4 CITY-ST-ZIP FELSMERE FL 32948
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD	NAME PANCHOU MARK	3.2 NAME GARY WOLFF
STREET ADDRESS 13583 103RD ST.	CITY-ST-ZIP FELSMERE FL	3.3 STREET ADDRESS 2537 BURJUNST
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP PORT ST. LUCIE 34652
TITLE STD	NAME PANCHOU MARK	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13583 103RD ST.	CITY-ST-ZIP FELSMERE FL	4.2 NAME
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

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.

SIGNATURE: *David P. Barth* **DAVID P. BARTH** **1-10-98** **561-589-7141**

CP2E037 (10/97)