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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000000745
 1. Corporation Name
TREASURE COAST TURF MECHANICS ASSOCIATION, INC.

ISSUED 5 7 8 7 3 8 *
 578738 - 90007 - 13

Principal Place of Business
 157 ENGLAR DRIVE
 SEBASTIAN FL 32968
 US

Mailing Address
 P. O. BOX 780088-0086
 SEBASTIAN FL 32970
 US



2. Principal Place of Business Suits, Apt. #, etc. 13585 103rd St	26. Mailing Address P.O. Box 1206	3. Date Incorporated or Qualified 03/16/1993
City & State FELSMERE FL	City & State Palm City FL	4. FEI Number 59-3166669
Zip 32948	Zip 34991	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country US	Country U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
BARTH, DAVID R.
157 ENGLAR DRIVE
SEBASTIAN FL 32968

10. Name and Address of New Registered Agent
 81 Name
Gary WOLFF
 82 Street Address (P.O. Box Number is Not Acceptable)
2537 BURTON ST.
 83
 84 City
Port St. Lucie, FL
 85 Zip
34982

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Barth* DATE: **2/9/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1. ADDRESS ST. ZIP	1.2 NAME		
BARTH, DAVID P. 157 ENGLAR DRIVE SEBASTIAN FL 32968	1.3 STREET ADDRESS		
	1.4 CITY-ST-ZIP		
	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	2.2 NAME		
1. ADDRESS ST. ZIP	2.3 STREET ADDRESS		
DANCHOU, MARK 13583 103RD. STREET FELSMERE FL 32948	2.4 CITY-ST-ZIP		
	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	3.2 NAME		
1. ADDRESS ST. ZIP	3.3 STREET ADDRESS		
WOLFF, GARY 2537 BURTON STREET PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP		
	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	4.2 NAME		
1. ADDRESS ST. ZIP	4.3 STREET ADDRESS		
STD PANCHOU MARK 13583 103RD ST. FELSMERE FL	4.4 CITY-ST-ZIP		
	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	5.2 NAME		
1. ADDRESS ST. ZIP	5.3 STREET ADDRESS		
	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	6.2 NAME		
1. ADDRESS ST. ZIP	6.3 STREET ADDRESS		
	6.4 CITY-ST-ZIP		

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: *David Barth* SIGNATURE REQUIRED: *970 99561220-1499*

CR2E037 (1/788)