## **FILE NOW: FILING FEE IS \$61.25**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🤭

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9700004620 (7)

TREASURE COVE UNIT OWNERS' ASSOCIATION, INC.

## FILED Mar 16 1998 8:00am Secretary of State

Principal Place of Business			Mailing Address					1	( 169(1)4) 6)8 (0)() (0)	<b>        </b>	DOMESTICAL CONTRACTOR OF THE PORT OF THE P	98111 <b>8</b> 1818 <del>8</del> 7118 1	IIDII BBII IBBI	
4487 TREASURE COVE DRIVE FT. LAUDERDALE FL			4487 TREASURE COVE DRIVE FT. LAUDERDALE FL						Date Incorporated or 08/13/1997	Qualified		1 .		
									1 4	FELNumber	7770	54		oplied For ot Applicable
2. Principal P	lace of Busin	ess	2a. Mailing Address						-	Certificate of Status I		<u>,</u>		Additional
21			26						ļ.,	Certificate of Status t	2081100			equired
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					6.	Election Campaign F Trust Fund Contributi	_	П	\$5.00 k Added to		
City & State			City & State					<del></del>	7.	Is this nonprofit corp		omeowne	· · ·	
23			28						<b>⊠</b> Yes □ No					
Zip	· — —		<b>⊢</b> ¬ '		—	Country		8.	This corporation owe	•		ırrent year ini	tangibie ☑ No	
24		25 and Address of Current	29 Registere	d Agent	30]	1			10.	Personal Property Ta  Name and Address				7 140
-	e. Hallio	and Addidso of Carrotte	· ··og·oto··o	o Agont		81	Na	me						
SUGAR.	EDMOND L	. ESQUIRE				82	Str	aet Addre	see /P	P.O. Box Number is No	t Accente	ble)		
950 SOUTH FEDERAL HIGHWAY								our reduce	1) 000					
HOLLYW	/0 <b>0</b> D FL					83								
						84	Cit	y	••••			FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 617.0502	and 617.1	508. Florida Statu	ites, the at	bove	-nan	ned corpo	oratio	n submits this stateme	nt for the	purpose (	of changing it	ts registered
office or r	egistered ago	ons of Sections 617.0502 ent, or both, in the State o h, and accept the obligati	f Florida. S ons of, Se	Such change was ction 617,0503. F	authorize	d by utes	the	corporati	on's b	board of directors. I he	reby acce	pt the ap	pointment as	registered
SIGNATURE _		,, = , = , = , = , = , = , = , = , = ,	,											
	Signature, typed	or printed name of registered agent			TE: Registere	d Ager	ngla fn	atura requira		reinstating) ADDITIONS/CHANGES	TO OFF	DATE CEDS AN	D DIBECTOR	C IN 12
12. TITLE	PD	OFFICERS AND	DIRECTO	DELETE	13. 1.1 Ti	TLE				ADDITIONS/CHANGE	I O OFFI	CENS AN	Change	Addition
NAME	QUINN, I	PETER			1.2 N								•	<u> </u>
STREET ADDRESS 4487 TREASURE COVE DRIVE						1.3 STREET ADDRESS								
CITY-ST-ZIP							1.4 CITY-ST-ZIP							
TITLE	VD			DELETE	2.1 TI	TLE							Change	Addition
NAME	,	), BEVERLY				2.2 NAME								
***************************************	STREET ADDRESS 4489 TREASURE COVE DRIVE DITY-ST-ZIP FT. LAUDERDALE FL 33312-56						2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP							
CITY-ST-ZIP TITLE	70 DAGE	/LITOPALE TE 33312-300	16	DELETE	2. 4 C		ı - ZIP	_			<del></del>		Change	Addition
NAME	SASARIO	, DAN		= :	3.2 N/									
STREET ADDRESS	4485 TRI	EASURE COVE DRIVE			3.3 \$1	TREET .	ADDRI	:SS						
CITY-ST-ZIP		DERDALE FL 33312-56	52		3.4. C		T-ZIP							A 1 8N -
TITLE	SD CAMPRE	II DOMALD		☐ DELETÉ	4.1 TO								Change	Addition
NAME		ll, ronald : 12th Court			4.2 N		4000							
STREET ADDRESS CITY-ST-ZIP		): 12111 000A1 DERDALE FL 33316-22(	าง			TY-SI		:35						
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NAME					5.2 N/	ME								
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TITLE				☐ DELETE	6.1 TI								☐ Change	Addition
NAME .					6.2 NA		ACDO?							
STREET ADDRESS					6.3 ST	'KEE1 /								

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 13 if changed, or on an attachment with an address.