2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N97000004620

Entity Name: TREASURE COVE UNIT OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4495 TREASURE COVE DR
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

4495 TREASURE COVE DR
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

2176 W OAKLAND PARK BLVD
FT. LAUDERDALE, FL 33311 US

FEI Number: 65-0777754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONCANNON, ELISABETH
4495 TREASURE COVE DR
DANIA BEACH, FL 33312

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VALLETTI, SAM
Address: 5200 N OCEAN DR #403
City-St-Zip: HOLLYWOOD, FL 33019

Title: V ( ) Delete
Name: D'AMICO, BEVERLY
Address: 9489 TREASURE COVE DR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S ( ) Delete
Name: JENKINS, KAY
Address: 1543 SE 12TH CT
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T ( ) Delete
Name: CANCANNON, ELISABETH
Address: 4495 TREASURE COVE DR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: D'AMICO, JOE
Address: 4491 TREASURE COVE DR
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VALLETTI, SAM
Address: 5200 N OCEAN DR #403
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD (X) Change ( ) Addition
Name: D'AMICO, BEVERLY
Address: 9489 TREASURE COVE DR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD (X) Change ( ) Addition
Name: JENKINS, KAY
Address: 1543 SE 12TH CT
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TD (X) Change ( ) Addition
Name: CANCANNON, ELISABETH
Address: 4495 TREASURE COVE DR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM VALLETI PD 04/30/2004
Electronic Signature of Signing Officer or Director Date