2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000004620

FILED Dec 03, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4495 TREASURE COVE DR FT. LAUDERDALE, FL 33312 US

Current Mailing Address: New Mailing Address:

C/O ABSOLUTE PROPERTY MANAGEMENT 541 S. ST. RD. 7, #12 MARGATE, FL 33068 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABSOLUTE PROPERTY MANAGEMENT 541 S. ST. RD. 7 MARGATE, FL 33068 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Delete () Change () Addition

CANCANNON, ELISABETH Name: Name: 4495 TREASURE COVE DR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 US City-St-Zip:

Title: VD Title: () Delete (X) Change () Addition

D'AMICO, JOE Name: D'AMICO, JOE Name:

Address: 4491 TREASURE COVE DRIVE Address: 4491 TREASURE COVE DRIVE City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Delete Title: SD (X) Change () Addition

GRICE, JIM GUITAR, RICHARD Name: Name: 4489 TREAURE COVE DRIVE Address:

4497 TREAURE COVE DRIVE Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD () Delete Title: () Change () Addition

Name: HUSTON, LIZZETTE Name: 4406 TREASURE COVE DRIVE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 US City-St-Zip:

Title: () Delete Title: PD (X) Change () Addition

IRIZARRY, JOSE Name: Name: IRIZARRY, JOSE 2765 SW 45TH STREET 2765 SW 45TH STREET Address: Address: FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ABSOLUTE PROPERTY MANAGEMENT PM12/03/2007