2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
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:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

ABSOLUTE PROPERTY MANAGEMENT
541 S. ST. RD. 7
12
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

DAVID BAUMAN, ESQ
4050 W. BROWARD BLVD.
PLANTATION, FL 33317 US

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: DAVID BAUMAN ESQ 01/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: SD ( ) Delete
Name: GUITAR, RICHARD
Address: 4497 TREAURE COVE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD ( ) Delete
Name: HUSTON, LIZZETTE
Address: 4406 TREASURE COVE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: PD ( ) Delete
Name: IRIZARRY, JOSE
Address: 2765 SW 45TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 PM 01/03/2008
Electronic Signature of Signing Officer or Director Date