

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90149 027 ****61.25

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1. Entity Name

TREASURE COVE UNIT OWNERS' ASSOCIATION, INC.



Principal Place of Business

**4433 SW 27TH TERRACE
FT. LAUDERDALE FL 33312
US**

Mailing Address

**4481 TREASURE COVE DR
DANIA BEACH FL 33312
US**

2. Principal Place of Business

4495 TREASURE COVE DR

3. Mailing Address

4495 TREASURE COVE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number **65-0777754**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, JEAN P
4481 TREASURE COVE DRIVE
DANIA BEACH FL 33312**

7. Name and Address of New Registered Agent

Name **ELISABETH CONCANNON**
Street Address (P.O. Box Number is Not Acceptable)
4495 TREASURE COVE DR
City **FT. LAUDERDALE** FL Zip Code **33312**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elisabeth Concannon - ELISABETH CONCANNON - TREASURER 31 JUL 03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	☒ Delete
NAME	SASARIDJA, DAN	
STREET ADDRESS	4441 SW 27TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VPD	☒ Delete
NAME	FISCHER, JEAN	
STREET ADDRESS	4481 TREASURE COVE DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	ST	☒ Delete
NAME	GOTTLIEB, KAREN	
STREET ADDRESS	4473 TREASURE COVE DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT - P	☒ Change ☐ Addition
NAME	VALLETTI, SAM	
STREET ADDRESS	3200 N. OCEAN DR #403	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	V	☒ Change ☐ Addition
NAME	D'AMICO, BEVERLY	
STREET ADDRESS	4489 TREASURE COVE DR	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	S	☒ Change ☐ Addition
NAME	JENKINS, KAY	
STREET ADDRESS	1543 SE 12TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	T	☒ Change ☐ Addition
NAME	CONCANNON, ELISABETH	
STREET ADDRESS	4495 TREASURE COVE DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	☒ Change ☐ Addition
NAME	D'AMICO, JOE	
STREET ADDRESS	4491 TREASURE COVE DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SAM VALLETTI

7/14/03 9549226278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)

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