

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761427

**Entity Name:** TREASURE CAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 09, 2014**  
**Secretary of State**  
**CC0141861703**

**Current Principal Place of Business:**

130 COCO PLUM DR.  
#301  
MARATHON, FL 33050

**Current Mailing Address:**

PO BOX 522592  
MARATHON SHORES, FL 33052 US

**FEI Number: 59-2597634**

**Certificate of Status Desired: No**

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

KNIPE, JIM  
130 COCO PLUM DR.  
#301  
MARATHON, FL 33050 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name KNIPE, JIM  
Address 130 COCO PLUM DR, #301  
City-State-Zip: MARATHON FL 33050

Title VPD  
Name ANTHONY, SMEDILE  
Address 130 COCO PLUM DR., #404  
City-State-Zip: MARATHON FL 33050

Title SD  
Name KNOX, CARL  
Address 130 COCO PLUM DR #403  
City-State-Zip: MARATHON FL 33050

Title TD  
Name KLAUSEN, GARY  
Address 130 COCO PLUM DRIVE, #303  
City-State-Zip: MARATHON FL 33050

Title D  
Name ARNAO, JOSEPH  
Address 130 COCO PLUM, #202  
City-State-Zip: MARATHON FL 33050

Title D  
Name MCLAUGHLIN, CHARLIE  
Address 130 COCO PLUM DR, #304  
City-State-Zip: MARATHON FL 33050

*I hereby 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 all other like empowered.*

**SIGNATURE: JIM KNIPE**

**PRES**

**03/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date