

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003868

**Entity Name:** TREASURE CAY COMMUNITY FOUNDATION, INC.

**FILED**  
**Feb 02, 2021**  
**Secretary of State**  
**6697507156CC**

**Current Principal Place of Business:**

990 OLD DIXIE HIGHWAY  
#14 FA171  
LAKE PARK, FL 33403

**Current Mailing Address:**

3918 WILSHIRE DRIVE  
SARASOTA, FL 34238 US

**FEI Number:** 20-1411118

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name MCLEAN, WILLIAM  
Address 3918 WILSHIRE DRIVE  
City-State-Zip: SARASOTA FL 34238

Title VICE CHAIR  
Name STRIMBU, VIC  
Address 3918 WILSHIRE DRIVE  
City-State-Zip: SARASOTA FL 34238

Title TREASURER  
Name TAYLOR, VALERIE  
Address 3918 WILSHIRE DRIVE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name NEWELL, CINDY  
Address 3918 WILSHIRE DRIVE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name KERTLAND, KIM  
Address 3918 WILSHIRE DRIVE  
City-State-Zip: SARASOTA FL 34238

Title CHAIRMAN  
Name TRETHEWAY, BARTON  
Address 3918 WILSHIRE DRIVE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name FAY, SHAWN  
Address 3918 WILSHIRE DRIVE  
City-State-Zip: SARASOTA FL 34238

Title SECRETARY  
Name MCCOLLOUGH, RHONDA  
Address 3918 WILSHIRE DRIVE  
City-State-Zip: SARASOTA FL 34238

**Continues on page 2**

*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:** BARTON G TRETHEWAY

**CHAIRMAN**

**02/02/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BOWLES, GENE  
Address        3918 WILSHIRE DRIVE  
City-State-Zip: SARASOTA FL 34238