

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003868

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

**FILED**  
**Feb 12, 2017**  
**Secretary of State**  
**CC0368251386**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

990 OLD DIXIE HIGHWAY  
#14 FA 171  
LAKE PARK, FL 33403 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 CHAIRMAN  
Name CALIHAN, JOSEPH L  
Address 133 FREEPORT ROAD  
City-State-Zip: PITTSBURGH PA 15215

Title SECRETARY  
Name STRIMBU, VIC  
Address 990 OLD DIXIE HWY #14  
City-State-Zip: LAKE PARK FL 33403

Title TREASURER  
Name TAYLOR, VALERIE  
Address 990 OLD DIXIE HWY #14  
City-State-Zip: LAKE PARK FL 33403

Title PRESIDENT  
Name MCCLEAN, WILLIAM  
Address 990 OLD DIXIE HIGHWAY  
#14 FA 171  
City-State-Zip: LAKE PARK FL 33403

Title ASST. SECRETARY  
Name HIMES, PAMELA  
Address 990 OLD DIXIE HIGHWAY  
#14 FA171  
City-State-Zip: LAKE PARK FL 33403

Title DIRECTOR  
Name NEWELL, CINDY  
Address 990 OLD DIXIE HIGHWAY  
#14 FA 171  
City-State-Zip: LAKE PARK FL 33403

Title DIRECTOR  
Name KERTLAND, KIM  
Address 990 OLD DIXIE HIGHWAY  
#14 FA171  
City-State-Zip: LAKE PARK FL 33403

Title DIRECTOR  
Name BALCH, JIM  
Address 990 OLD DIXIE HIGHWAY  
#14 FA171  
City-State-Zip: LAKE PARK FL 33403

*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: VALERIE TAYLOR**

**TREASURER**

**02/12/2017**

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

\_\_\_\_\_  
Date