

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001789

Entity Name: TREASURE COAST COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 25, 2022
Secretary of State
9154529287CC**Current Principal Place of Business:**C/O CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, STE 109
PALM BEACH GARDENS, FL 33403**Current Mailing Address:**C/O CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, STE 109
PALM BEACH GARDENS, FL 33403 US**FEI Number: 26-2020065****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAPITAL REALTY ADVISORS, INC.
CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DR, STE 109
PALM BEACH GARDENS, FL 33403 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 P
Name BURKHARDT, BYRON
Address 7778 SW JACK JAMES DR
City-State-Zip: STUART FL 34997Title VP
Name MCKEE, ROBERT
Address 7481 SW JACK JAMES DR
City-State-Zip: STUART FL 34997Title S, T
Name RUTTER, NICK
Address 7481 SW JACK JAMES DR
City-State-Zip: STUART FL 34997Title D
Name GLAFENHIEN, CAROL
Address 7808 SW JACK JAMES DR
City-State-Zip: STUART FL 34997Title D
Name GLAFENHEIN, III, PAUL
Address 7808 SW JACK JAMES DR
City-State-Zip: STUART FL 34997

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: BYRON BURKHARDT**PRESIDENT****04/25/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date