

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000007847

**Entity Name:** TREASURE COAST ASSOCIATION OF REALTIST, INC.**Current Principal Place of Business:**2833 SW BRIGHTON ST  
PORT ST LUCIE, FL 34953**Current Mailing Address:**2833 SW BRIGHTON ST  
PORT ST LUCIE, FL 34953**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FACEY, CLAUDE L  
2833 SW BRIGHTON ST  
PORT ST LUCIE, FL 34953 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 PRES  
Name FACEY, CLAUDE  
Address 2833 SW BRIGHTON ST  
City-State-Zip: PORT ST LUCIE FL 34953

Title SEC  
Name FACEY, SHANNETT C  
Address 2833 SW BRIGHTON ST  
City-State-Zip: PORT ST LUCIE FL 34953

Title DIR  
Name MESSAM, LEIGHTON  
Address 2833 SW BRIGHTON ST  
City-State-Zip: PORT ST LUCIE FL 34953

Title TREA  
Name CAMPBELL, SOPHIA  
Address 2833 SW BRIGHTON ST  
City-State-Zip: PORT ST LUCIE FL 34953

Title DIR  
Name SERVICE, MELISSA  
Address 2833 SW BRIGHTON ST  
City-State-Zip: PORT ST LUCIE FL 34953

Title DIR  
Name REID, KIMBERLEY  
Address 2833 SW BRIGHTON ST  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** CLAUDE FACEY**PRESIDENT****03/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date