

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25326

Entity Name: TREASURE COVE VOLUNTARY POA, INC.**Current Principal Place of Business:**8619 SE SABAL ST
HOBE SOUND, FL 33455**Current Mailing Address:**P.O. BOX 1658
HOBE SOUND, FL 33475-1658 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOL FOODS INC
11718 SE FEDERAL HWY #420
HOBE SOUND, FL 33455 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	TD
Name	PRUETT, KIMBERLY
Address	8514 SE BANYAN TREE ST
City-State-Zip:	HOBE SOUND FL 33455

Title	VD
Name	HALE, LISA
Address	8454 SE BANYAN TREE ST
City-State-Zip:	HOBE SOUND FL 33455

Title	SD
Name	SCRIMA, JANELLE
Address	8561 SW ROYAL ST
City-State-Zip:	HOBE SOUND FL 33455

Title	D
Name	WEIMER, STACY
Address	8515 SE MANGROVE ST
City-State-Zip:	HOBE SOUND FL 33455

Title	PD
Name	GAVIN, MARY
Address	8619 SE SABAL ST
City-State-Zip:	HOBE SOUND FL 33455

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: KIMBERLY PRUETT**TREASURER****03/22/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date