

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000001256

Entity Name: ADULT ACTIVITY CENTER OF THE TREASURE COAST, INC.

Current Principal Place of Business:

579 NW LAKE WHITNEY PLACE
SUITE 104
PORT ST LUCIE, FL 34986

Current Mailing Address:

579 NW LAKE WHITNEY PLACE
SUITE 104
PORT ST LUCIE, FL 34986 US

FEI Number: 27-1593168

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132 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 PRESIDENT
Name ABRAMS, SHARON M
Address 579 NW LAKE WHITNEY PLACE
 SUITE 104
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name DOROTHY, HANLON
Address 579 NW LAKE WHITNEY PLACE
 SUITE 104
City-State-Zip: PORT ST LUCIE FL 34986

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON ABRAMS

PRESIDENT

09/18/2013

Electronic Signature of Signing Officer/Director Detail

Date