

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720046**

1. Entity Name  
**TREASURE COAST CONCERT ASSOCIATION, INC.**



Principal Place of Business  
**2394 SW FOXPOINT WAY  
PALM CITY, FL 34990 US**

Mailing Address  
**2394 SW FOXPOINT WAY  
PALM CITY, FL 34990 US**



01102006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1729236**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BERLIN, ERNEST  
2394 SW FOXPOINT  
PALM CITY, FL 34990**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BERLIN, ERNEST
STREET ADDRESS	2394 SW. FOXPOINT WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	GOTTFRIED, HERMAN
STREET ADDRESS	2607 SW GREENWICH WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	WOLFE, GLORIA
STREET ADDRESS	6914 SE HARBOR CIRCLE
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	JAFFE, NATALIE
STREET ADDRESS	6500 SE HARBOR CIR
CITY-ST-ZIP	STUART, FL 34996
TITLE	VP
NAME	NANGLE, TOM
STREET ADDRESS	23 S. RIDGEVIEW RD
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	FABRICANT, ROBERT
STREET ADDRESS	2575 SW. GREENWICH WAY
CITY-ST-ZIP	PALM CITY, FL 34990

100000344738  
01/20/06-80059-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/06