

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90091 015 ****61.25

DOCUMENT # 725738

1. Entity Name
TREASURE COAST ISLES CONDOMINIUM, INC.



Principal Place of Business
C/O ELLIOTT MERRILL COMM. MGMT.
835 20TH PLACE
VERO BEACH, FL 32960 US

Mailing Address
C/O ELLIOTT MERRILL COMM. MGMT.
835 20TH PLACE
VERO BEACH, FL 32960 US



2. Principal Place of Business - No P.O. Box #
C/O VISTA PROPERTIES MGMT

3. Mailing Address
C/O VISTA PROPERTIES MGMT

Suite, Apt. #, etc.
100 VISTA ROYAL BLVD

Suite, Apt. #, etc.
100 VISTA ROYAL BLVD

02132008 Chg-NP CR2E037 (12/06)

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number
59-1680375

Applied For
Not Applicable

Zip
32962

Country
USA

Zip
32962

Country
USA

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

6. Name and Address of Current Registered Agent

MERRILL, KAREN L
ELLIOT MERRILL MANAGEMENT
835 20TH PLACE
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name
ROBERT L SAMMONS, JR

Street Address (P.O. Box Number is Not Acceptable)
4016 43RD AVE #3

VERO BEACH

City

FL

Zip Code

32960

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

Robert L Sammons, Jr

4-15-08

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SAMMONS, ROBERT
STREET ADDRESS 4016 43RD AVE.
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VPS ☐ Delete
NAME ANDERSON, CATHY
STREET ADDRESS 1875 COBIA DR., F-201
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D ☐ Delete
NAME BOLINGER, ROBERT
STREET ADDRESS 1875 COBIA DR., F-104
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE T ☐ Delete
NAME SERCER, CHRIS
STREET ADDRESS 1860 ROBALO DR, #101
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D ☒ Delete
NAME SCOTT, LINDA
STREET ADDRESS 1525 COBICA DR #202
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert L Sammons, Jr

4-23-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #