2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 725738

Entity Name: TREASURE COAST ISLES CONDOMINIUM, INC.

Current Principal Place of Business:

C/O VISTA PROPERTIES MGMT
100 VISTA ROYAL BLVD.
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

C/O VISTA PROPERTIES MGMT
100 VISTA ROYAL BLVD.
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-1680375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMMON, ROBERT
4010-43RD AVE. #3
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

SAMMONS, ROBERT
4010-43RD AVE. #3
VERO BEACH, FL 32960 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: ROBERT SAMMONS 04/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SAMMONS, ROBERT
Address: 4016 43RD AVE.
City-St-Zip: VERO BEACH, FL 32960

Title: VPS ( ) Delete
Name: ANDERSON, CATHY
Address: 1875 COBIA DR., F-201
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete
Name: BOLINGER, ROBERT
Address: 1875 COBIA DR., F-104
City-St-Zip: VERO BEACH, FL 32960

Title: T ( ) Delete
Name: SERCER, CHRIS
Address: 1860 ROBALO DR, #101
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAMMONS, ROBERT
Address: 4016 43RD AVE.
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SMITH, ROBERT
Address: 3117 OCELOT WAY
City-St-Zip: FROT PIERCE, FL 34949 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT SAMMONS P 04/22/2009
Electronic Signature of Signing Officer or Director Date