

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734651 (3)

1. Corporation Name

TREASURE COVE PROPERTY OWNERS' ASSOCIATION, INCORPORATED.



Principal Place of Business

Mailing Address

1430 TREASURE COVE LANE
VERO BCH FL 32963

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VERO BCH FL 32963

3. Date Incorporated or Qualified
12/19/1975

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1897063

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, ROBERT
2L65-15TH AVE.
VERO BEACH FL 32960

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD DELETE
NAME FLEMING, MILTON
STREET ADDRESS 1430 TREASURE COVE LN
CITY - ST - ZIP VERO BCH, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE PD DELETE
NAME BINEGAR, GEORGE
STREET ADDRESS 1480 TREASURE COVE LN
CITY - ST - ZIP VERO BEACH FL

2.1 TITLE Change Addition
2.2 NAME PD
2.3 STREET ADDRESS Van HEST, G. L.
2.4 CITY - ST - ZIP 1475 Treasure Cove Ln
Vero Beach Fl.

TITLE VD DELETE
NAME VAN HEST, G. L.
STREET ADDRESS 1475 TREASURE COVE LN
CITY - ST - ZIP VERO BEACH FL

3.1 TITLE Change Addition
3.2 NAME VD
3.3 STREET ADDRESS Robinson, Walter
3.4 CITY - ST - ZIP 1491 Treasure Cove Ln
Vero Beach, Fl.

TITLE S DELETE
NAME VAN HEST, B. J.
STREET ADDRESS 1475 TREASURE COVE LN
CITY - ST - ZIP VERO BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Milton F. Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (407) 231-0599
Date Daytime Phone #

CR2E037 (12/95)