

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734651 (3)**  
1. Corporation Name  
**TREASURE COVE PROPERTY OWNERS' ASSOCIATION, INCORPORATED.**



Principal Place of Business <b>1430 TREASURE COVE LANE VERO BCH FL 32963</b>	Mailing Address <b>1430 TREASURE COVE LANE VERO BCH FL 32963-2506</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1897063</b>	3a. Date of Last Report <b>02/16/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>JACKSON, ROBERT 2L65-15TH AVE. VERO BEACH FL 32960</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, MILTON</b>	1.2 NAME	
STREET ADDRESS	<b>1430 TREASURE COVE LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE *PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANHEST, G.L.</b>	2.2 NAME	<b>McBride, Thomas</b>
STREET ADDRESS	<b>1475 TREASURE COVE LN</b>	2.3 STREET ADDRESS	<b>1496 Treasure Cove Ln</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>	2.4 CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, WALTER</b>	3.2 NAME	<b>Stanford, Robert</b>
STREET ADDRESS	<b>1491 TREASURE COVE LN</b>	3.3 STREET ADDRESS	<b>1495 Treasure Cove Ln</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>	3.4 CITY-ST-ZIP	<b>VERO BEACH, FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN HEST, B. J.</b>	4.2 NAME	<b>Haviland, Peggy</b>
STREET ADDRESS	<b>1475 TREASURE COVE LN</b>	4.3 STREET ADDRESS	<b>1430 Treasure Cove Ln</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>	4.4 CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. J. Shivers **REQUIRED** **2/19/97** **561-231-0599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020885

CR2E037 (9/96)