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FILED

**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified
12/19/1975

4. FEI Number
59-1897063

Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **1475 TREASURE COVE LN** 26 **1475 TREASURE COVE LANE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State 28 **VERO BEACH, FL.**

23 **VERO BEACH, FL.** 28 **VERO BEACH, FL.**

Zip 29 **32963** Country 30 **INDIAN RIVER**

24 **32963** 25 **INDIAN RIVER** 29 **32963** 30 **INDIAN RIVER**

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**JACKSON, ROBERT
2685-15TH AVE.
VERO BEACH FL 32980**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, MILTON	1.2 NAME	ROBERT STANFORD
STREET ADDRESS	1430 TREASURE COVE LN	1.3 STREET ADDRESS	1475 TREASURE COVE LANE
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCBRIDE, THOMAS	2.2 NAME	JOSEPH FARLEY
STREET ADDRESS	1496 TREASURE COVE LN	2.3 STREET ADDRESS	1455 TREASURE COVE LANE
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	5 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANFORD, ROBERT	3.2 NAME	STEPHEN HAVILAND
STREET ADDRESS	1495 TREASURE COVE LN	3.3 STREET ADDRESS	1420 TREASURE COVE LANE
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	6 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAVILAND, PEGGY	4.2 NAME	GLENN VAN HEST
STREET ADDRESS	1420 TREASURE COVE LN	4.3 STREET ADDRESS	1475 TREASURE COVE LANE
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
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 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: **Glenn Van Hest** 2-3-98

CR2E037 (10/97)