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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 734651

1. Corporation Name
TREASURE COVE PROPERTY OWNERS' ASSOCIATION, INCORPORATED.

Principal Place of Business
 1475 TREASURE COVE LN
 VERO BEACH FL 32963
 US

Mailing Address
 1475 TREASURE COVE LANE
 VERO BEACH FL 32963
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/19/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1897063	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACKSON, ROBERT 2165-15TH AVE. VERO BEACH FL 32963				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	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARLEY, JOSEPH	1.2 NAME	PO Joseph Farley
STREET ADDRESS	1455 TREASURE COVE LANE	1.3 STREET ADDRESS	1455 Treasure Cove Lane
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, THOMAS	2.2 NAME	THOMAS MCBRIDE
STREET ADDRESS	1496 TREASURE COVE LN	2.3 STREET ADDRESS	1496 Treasure Cove Lane
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANDFORD, ROBERT	3.2 NAME	DVP Gordon Greer
STREET ADDRESS	1495 TREASURE COVE LANE	3.3 STREET ADDRESS	1425 Treasure Cove Lane
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAVILAND, PEGGY	4.2 NAME	D Elizabeth Gillick
STREET ADDRESS	1420 TREASURE COVE LN	4.3 STREET ADDRESS	1465 Treasure Cove Lane
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSLAND, STEPHEN	5.2 NAME	DS Haviland Stephen
STREET ADDRESS	1420 TREASURE COVE LANE	5.3 STREET ADDRESS	1420 Treasure Cove Lane
CITY-ST-ZIP	VERO BEACH FL 32963	5.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HEST, GLENN	6.2 NAME	
STREET ADDRESS	1475 TREASURE COVE LAND	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	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, with all other like empowered.

SIGNATURE: **SIGNATURE** _____ DATE: **2-4-99** DAYTIME PHONE #: **561-237-2400**

CR2E037 (1/198)