


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 734651	
1. Entity 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
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1897063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACKSON, ROBERT 2L65-15TH AVE. VERO BEACH, FL 32960
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANHOUTER, TODD 1495 TREASURE COVE LN VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCBRIDE, LINDA 1496 TREASURE COVE LN VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN HEST, GLENN 1475 TREASURE COVE LN VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBIET, ALINA 1430 TREASURE COVE LN VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD3 HAVILARD, STEPHEN 1420 TREASURE COVE LN VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, MARLENE 1435 TREASURE COVE LN VERO BEACH, FL 32963

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 03/06/07-80022-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn Van Hest* Glenn VAN Hest 2-20-07 772-231-2572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #