


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90124 031 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 743940</b><br>1. Entity Name<br><b>TREASURE COAST OPERA SOCIETY INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>802 S. SIXTH STREET<br/>FT. PIERCE, FL 34950</b>   |   |   |  | Mailing Address<br><b>802 S. SIXTH STREET<br/>FT. PIERCE, FL 34950</b>   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State  |  |  |  |
| Zip  | Country   | Zip   | Country  |  |  |
| 6. Name and Address of Current Registered Agent  |   |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>BARRENA, CARLOS<br/>117-A LAKE ENDS DRIVE<br/>FORT PIERCE, FL 34982</b>   |   |   |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PD<br/>SPECKER, HOWARD<br/>5279 MINER DR<br/>PORT SAINT LUCIE, FL 34983</b> <input type="checkbox"/> Delete                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>SD<br/>ABOOD, ANNE<br/>1723-B MARINERS COVE<br/>FORT PIERCE, FL 34951</b> <input checked="" type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VD<br/>LOEWINGER, MARCIA<br/>5360 HARBOR ISLAND CT<br/>VERO BEACH, FL 32967</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <b>SD<br/>DeVercelly, PAMELA<br/>5450 NW MOOREHEAD TR. #303<br/>PORT ST. LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VD<br/>BARRENA, CARLOS<br/>117-A LAKE ENDS DR<br/>FT PIERCE, FL</b> <input type="checkbox"/> Delete                        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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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. |   |   |  |  |  |
| <b>SIGNATURE: <u>Carlos Barrena</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <b>GENERAL DIRECTOR<br/>CARLOS BARRENA</b><br>Date <u>7/12/07</u> (772) 465-6204 |  |  |

40125170



07092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1840595**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
SPECKER, HOWARD  
5279 MINER DR  
PORT SAINT LUCIE, FL 34983**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SD  
ABOOD, ANNE  
1723-B MARINERS COVE  
FORT PIERCE, FL 34951**

☒ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

**VD  
LOEWINGER, MARCIA  
5360 HARBOR ISLAND CT  
VERO BEACH, FL 32967**

☒ Delete

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CITY - ST - ZIP

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BARRENA, CARLOS  
117-A LAKE ENDS DR  
FT PIERCE, FL**

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP

**VD**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SD**

**DeVercelly, PAMELA  
5450 NW MOOREHEAD TR. #303  
PORT ST. LUCIE, FL 34986**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**

☒ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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**SIGNATURE:**

Carlos Barrena  
CARLOS BARRENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #