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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748377 (9)
1. Corporation Name
TREASURE COAST COMMUNITIES ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 0682 STUART FL 34995-0682 US
PO BOX 0682 STUART FL 34995-0682 US

3. Date Incorporated or Qualified 08/07/1979
3a. Date of Last Report 04/15/1996
4. FEI Number 59-1976860
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CORNETT, JANE L.
401 E. OSCEOLA ST.
RIVER OAKS CENTER
STUART FL 34995

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D DELETED
NAME WALLS, PRESTON
STREET ADDRESS 1961 PALM CITY ROAD, APT. F
CITY-ST-ZIP STUART FL 34994
TITLE VP DELETED
NAME MCCORMICK, MARY ELLEN
STREET ADDRESS 1800 SE ST. LUCIE BLVD.
CITY-ST-ZIP STUART FL 34996
TITLE TD DELETED
NAME PAYNE, KEVIN C
STREET ADDRESS 33 FLAGLER AVE
CITY-ST-ZIP STUART FL 34994
TITLE SD DELETED
NAME CHRISTIE, LOUISE
STREET ADDRESS 2600 SE OCEAN BLVD A E-1
CITY-ST-ZIP STUART FL 34996
TITLE PD DELETED
NAME MALONE, BERNARD
STREET ADDRESS 803-1 CENTRAL PKWY
CITY-ST-ZIP STUART FL 34994
TITLE SD DELETED
NAME HARRIS, JEAN
STREET ADDRESS 624 ST LUCIE CRESCENT
CITY-ST-ZIP STUART FL 34994

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: SIGNATURE REQUIRED Bernard H. Malone, 12 Feb 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 007 1993

CR2E037 (9/96)