

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748377

FILED
Apr 24, 2006
Secretary of State

Entity Name: TREASURE COAST COMMUNITIES ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 0882
STUART, FL 349950882 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 0882
STUART, FL 349950882 US

New Mailing Address:

FEI Number: 59-1976860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L.
401 E. OSCEOLA ST.
RIVER OAKS CENTER
STUART, FL 34995 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHALEN, ALYCE C PRES.
Address: 4091 NE CHERI DR.
City-St-Zip: JENSEN BEACH, FL 34957

Title: VD () Delete
Name: DEHAVEN, BERRIE
Address: 741 SW SOUTH RIVER DR
City-St-Zip: STUART, FL 34997

Title: PD () Delete
Name: FIDEI, CAMILLE
Address: 299 SW HARBOR ST.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: POLIZZI, GLORIA
Address: 989 S. FEDERAL HWY.
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREEN, CARLA D PRES.
Address: 3141 SE MORNINGSIDE BLVD
City-St-Zip: PT ST LUCIE, FL 34952 US

Title: TR (X) Change () Addition
Name: DEHAVEN, BERRIE
Address: 741 SW SOUTH RIVER DR
City-St-Zip: STUART, FL 34997

Title: SECY (X) Change () Addition
Name: FORK, ALISON
Address: 4062 NW CINNAMON CIRCLE
City-St-Zip: JENSEN BEACH, FL 34997 US

Title: D (X) Change () Addition
Name: POLIZZI, GLORIA
Address: 989 S. FEDERAL HWY.
City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA D GREEN

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date