

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748377

FILED
Jul 11, 2007
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:

215 S. FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 US

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: TR (X) Change () Addition
Name: MEHLING, ANN
Address: 215 S. FEDERAL HIGHWAY SUITE 100
City-St-Zip: STUART, FL 34994

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: VP (X) Change () Addition
Name: CONRAD, JOSEPH
Address: 2600 S.E. OCEAN BLVD
City-St-Zip: STUART, FL 34996 US

I hereby certify that the information supplied with this filing does not qualify 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: ANN MEHLING

TD

07/11/2007

Electronic Signature of Signing Officer or Director

_____ Date