

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748377

FILED
Apr 07, 2009
Secretary of State

Entity Name: TREASURE COAST COMMUNITIES ASSOCIATION, INC.

Current Principal Place of Business:

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

MARK BRECHBILL
215 S. FEDERAL HIGHWAY
STUART, FL 34994 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, CATHLEEN PRES.
Address: 8520 SE EAGLEWOOD WAY
City-St-Zip: HOBE SOUND, FL 33455 US

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

Title: SECY () Delete
Name: HIBBS, NICOLE SECY
Address: 1660 SW ST. LUCIE WEST
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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

Title: TRES () Delete
Name: MEHLING, ANN TRES
Address: 215 S. FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DIR (X) Change () Addition
Name: CONRAD, JOSEPH DIR
Address: 2600 SE OCEAN BLVD. APT. U-7
City-St-Zip: STUART, FL 34994 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 L. MEHLING

TRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date