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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2005

FILED
05 DEC 28 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751646

1. Entity Name
Treasure Island Cove Condominium Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1639 NORTH TREASURE DRIVE	7601 E Treasure Drive CU9
Suite, Apt. #, etc.	Suite, Apt. #, etc. CU9
City & State: NORTH BAY VILLAGE	City & State: N BAY VILLAGE
Zip: 33141 County: DADE	Zip: 33141 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0000046 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TIM BERGIN

Street Address (P.O. Box Number is Not Acceptable): 1639 NORTH TREASURE DRIVE

City: NORTH BAY VILLAGE FL Zip Code: 33141

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.

SIGNATURE: ⊗ Tim M. Bergin 12-21-05
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P NAME MARISA STEVENAZZI STREET ADDRESS 1455 NORTH TREASURE DRIVE 7F CITY-ST-ZIP NORTH BAY VILLAGE	TITLE NAME STREET ADDRESS CITY-ST-ZIP DOOOE2448420 12/29/05--01002--002 **61.25
TITLE V.P. NAME TIM BERGIN STREET ADDRESS 1639 NORTH TREASURE DRIVE CITY-ST-ZIP NORTH BAY VILLAGE FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 05
TITLE TREASURER NAME MILAGROS MENDEZ STREET ADDRESS 1629 NORTH TREASURE DRIVE CITY-ST-ZIP NORTH BAY VILLAGE FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP T. Roberts DEC 29 2005 DO NOT WRITE
TITLE SECRETARY NAME RENE RAFE STREET ADDRESS 7861 SW 152nd Ave # 2 CITY-ST-ZIP MIAMI FL 33193.	TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/01)

13. I 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 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ⊗ [signature] 12-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President

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AFFIDAVIT

BE IT ACKNOWLEDGED, that **Marisa Stevenazzi** of North Bay Village, Florida, the undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

I did not receive by mail or any other mode any notifications from the Division of Corporation pertaining to the 2005 Corporate Annual Report.

And I affirm that the foregoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 21st day of December, 2005.

Name Marisa Stevenazzi

1855 N. Treasure Dr. #7F

Address

N. Bay Village, FL 33141

STATE OF FLORIDA
COUNTY OF DADE

On **December 21, 2005** before me, Sophia Lima, personally appeared **Marisa Stevenazzi**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is in his/her authorized capacity, and that by his/her signature on this instrument the person, or entity upon which this person acted, executed this instrument. WITNESS my hand and official seal.

Sophia Lima

Affiant ✓ Known _____ Unknown Organization

ID Produced _____

NOTARY PUBLIC STATE OF FLORIDA

SOPHIA LIMA
MY COMMISSION # DD 286405
EXPIRES: February 15, 2008
Bonded Thru Budget Notary Services

B 313

Treasure Island Cove Condominium Association, Inc.

1639 North Treasure Drive
North Bay Village FL 33141

December 21, 2005

Dept of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Doc #751646
2005 Annual/Uniform Business Report

Dear Representative,

Included is the 2005 Uniform Business Report. As president of the new Board of Directors for our association, we have just found out that our corporation is inactive. I assure you I did not receive any notification about this report during this year

As such, I respectfully ask that you please accept the included check for $61.25 to process my 2005 Uniform Business Report. I assure you all future reports will be filed timely now that I know of this filing requirement.

Please call Tim Bergin at (305) 206-0741 if you should have any questions.

Sincerely,

Marisa Stevenazzi
President