

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2005
Pg 1 of 3
FILED
05 DEC 28 AM 11:48
TALLAHASSEE, FLORIDA

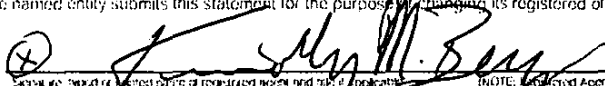
DOCUMENT # 751646
1. Entity Name
Treasure Island Cove Condominium
Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1639 NORTH TREASURE DRIVE Suite, Apt. #, etc.		3. Mailing Address 7601 E Treasure Drive CU 9 Suite, Apt. #, etc. CU 9		DO NOT WRITE IN THIS SPACE	
City & State NORTH BAY VILLAGE		City & State N BAY VILLAGE		4. FEI Number 65-0000046	
Zip 33141	Country DADE	Zip 33141	Country DADE	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 33141

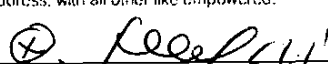
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  DATE: 12-21-05

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
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARISA STEVENAZZI 1455 NORTH TREASURE DRIVE 7F NORTH BAY VILLAGE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000062448420 12/29/05--01002--002 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. TIM BERGIN 1639 NORTH TREASURE DRIVE NORTH BAY VILLAGE FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 05
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER MILAGROS MONDEZ 1629 NORTH TREASURE DRIVE NORTH BAY VILLAGE FL 33145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. Roberts DEC 29 2005
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY RENE RAFF 7861 SW 152 AVE # 2 MIAMI FL 33193	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE 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	

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:  DATE: 12-21-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

CR2E034B (12/01)



B 3 1 3

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