

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

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90008 004 ****61.25

DOCUMENT # 751646

1. Entity Name

**TREASURE ISLAND COVE CONDOMINIUM
ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1639 N Treasure Drive

Suite, Apt. #, etc.

3. Mailing Address

7601 E TREASURE DR LUS

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH BAY VILLAGE FL

City & State

NORTH BAY VILLAGE FL

4. FEI Number

05-0000046

Applied For

Not Applicable

Zip

33141

Country

DADE

Zip

33141

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and role if applicable

(NOTE: Registered Agent signature required when reappointing)

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 & 1.25
After May 1, Fee is \$350.00
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

P
SEVENAZZI, MARISA
1455 NORTH TREASURE DR 7F
NORTH BAY VILLAGE FL 33141

VP
BERGIN, TIM
1639 NORTH TREASURE DRIVE
NORTH BAY VILLAGE FL 33141

S
RAFE, RENE
7861 SW 152ND AVE #2
MIAMI FL 33193

T
MENDEZ, MILAGROS
1629 NORTH TREASURE
NORTH BAY VILLAGE FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 7/17/06

DATE

Daytime Phone

CR2E034B (12/01)

ATTACHMENT

Treasure Island Cove Condominium Association, Inc.

7601 East Treasure Drive CU9
North Bay Village, FL 33141

20650197

July 18, 2006

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

RE: 751646
2006 Annual/Uniform Business Report

Dear Representative,

Included is the 2006 Uniform Business Report. Since I incorporated last year I did not know about this report. I assure you I did not receive any notification about this report during this year.

As such, please accept this check for \$61.25 to process my 2006 Uniform Business Report. I assure you all future reports will be filed timely now that I know of this filing requirement.

Sincerely,

Tim Bergin
Vice President