

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751646

FILED
Feb 10, 2009
Secretary of State

Entity Name: TREASURE ISLAND COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1601 N. TREASURE DRIVE
N BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

1430 NW 15 AVENUE
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-0000046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH H. GANGUZZA AND ASSOCIATES, P.A.
1 SE 3 AVENUE
#2150
MIAMI, FL 33131 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: P () Delete
Name: MENDEZ, MILAGROS
Address: 1430 NW 15 AVE
City-St-Zip: MIAMI, FL 33125

Title: VP () Delete
Name: RECALDE, A. MIGUEL
Address: 1430 NW 15 AVE
City-St-Zip: MIAMI, FL 33125

Title: S () Delete
Name: CHIRCU, CIPRIAN
Address: 1430 NW 15 AVE
City-St-Zip: MIAMI, FL 33125

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:

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: MILAGROS MENDEZ

P

02/10/2009

Electronic Signature of Signing Officer or Director

Date