

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 761427

1. Entity Name
TREASURE CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**130 COCO PLUM DR.
APT. 301
MARATHON, FL 33050 US**

Mailing Address
**130 COCO PLUM DR.
APT. 301
MARATHON, FL 33050 US**

DO NOT WRITE IN THIS SPACE



01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2597634

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KNIPE, JIM
130 COCO PLUM DR.
#301
MARATHON, FL 33050**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

J. Knipe *J. Knipe* *Pres.*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3/24/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	KNIPE, JIM
STREET ADDRESS	130 COCO PLUM DR, #301
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D
NAME	MARIANNE, STEINHAER
STREET ADDRESS	130 CAO PLUM DR., #204
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D
NAME	KNOX, CARL
STREET ADDRESS	130 COCO PLUM DR #403
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	T
NAME	KLAUSEN, GARY
STREET ADDRESS	130 COCO PLUM DRIVE, #303
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D
NAME	MCLAUGHLIN, CHARLES
STREET ADDRESS	130 COCO PLUM, #304
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	VPD
NAME	SMEDILE, TONY
STREET ADDRESS	130 COCO PLUM DR, #404
CITY-ST-ZIP	MARATHON, FL 33050

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04/05/07-80046-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Knipe *J. Knipe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07

Date

Daytime Phone #