2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 761427

1. Entity Name
TREASURE CAY CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

03182008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2597634	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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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 _____   3/18/2008
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $61.25
Due by May 1, 2008

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

U000000865539
04/07/08-80032-021 61.25

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, STEINHAEKER
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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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: _____   3/18/2008   305-289-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #