

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761427

FILED
Apr 04, 2009
Secretary of State

Entity Name: TREASURE CAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2597634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIPE, JIM
130 COCO PLUM DR.
#301
MARATHON, FL 33050 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: PDC () Delete
Name: KNIPE, JIM
Address: 130 COCO PLUM DR, #301
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: MARIANNE, STEINHAEKER
Address: 130 CAO PLUM DR., #204
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: KNOX, CARL
Address: 130 COCO PLUM DR #403
City-St-Zip: MARATHON, FL 33050

Title: T () Delete
Name: KLAUSEN, GARY
Address: 130 COCO PLUM DRIVE, #303
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: MCLAUGHLIN, CHARLES
Address: 130 COCO PLUM, #304
City-St-Zip: MARATHON, FL 33050

Title: VPD () Delete
Name: SMEDILE, TONY
Address: 130 COCO PLUM DR, #404
City-St-Zip: MARATHON, FL 33050

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WRIGHT, DEE
Address: 130 COCO PLUM, #304
City-St-Zip: MARATHON, FL 33050

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: JAMES KNIPE

PRES

04/04/2009

Electronic Signature of Signing Officer or Director

Date