

# 2006 NON-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90206 033 \*\*\*\*61.25

**DOCUMENT # 763828**

1. Entity Name  
**TREASURE COVE DUNES CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**4100 NORTH A1A  
STE. 345  
FT PIERCE, FL 34949-8346 US**

Mailing Address  
**4100 NORTH A1A  
STE. 345  
FT PIERCE, FL 34949-8346 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2234621**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWE, BOB AIA  
4100 NORTH A2A 113  
N HUTCHINSON ISLAND, FL 34949**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete  
NAME **LOWE, BOB**  
STREET ADDRESS **4100 A2A 113**  
CITY-ST-ZIP **N HUTCHINSON ISLAND, FL 34949**

TITLE **P** ☐ Change ☒ Addition  
NAME **NERI, MARIO**  
STREET ADDRESS **4100 N A1A 412**  
CITY-ST-ZIP **N HUTCHINSON ISLAND, FL 32949**

TITLE **DS** ☒ Delete  
NAME **THOMAS, ELIZABETH**  
STREET ADDRESS **4100 N A1A 133**  
CITY-ST-ZIP **N HUTCHINSON ISLAND, FL 34949**

TITLE **VP** ☐ Change ☒ Addition  
NAME **HAZEN, MAXINE**  
STREET ADDRESS **4100 N A1A 112**  
CITY-ST-ZIP **N HUTCHINSON ISLAND, FL 34949**

TITLE **DP** ☒ Delete  
NAME **RUNYON, JAMES A**  
STREET ADDRESS **4100 N. A1A STE 311**  
CITY-ST-ZIP **N. HUTCHINSON ISLAND, FL 349498331**

TITLE **S** ☐ Change ☒ Addition  
NAME **BALOFF, MARTY**  
STREET ADDRESS **4100 N A1A 121**  
CITY-ST-ZIP **N HUTCHINSON ISLAND, FL 34949**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Bob Lowe* **BOB LOWE DIRECTOR**

**4-22-2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Where #