


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

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 - No P.O. Box # Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2234621	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOWE, BOB 4100 NORTH A2A 113 N HUTCHINSON ISLAND FL 34949			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY ST ZIP	DT LOWE, BOB 4100 A2A 113 N HUTCHINSON ISLAND FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	P NERI, MARIO 4100 NORTH A1A 412 NORTH HUTCHINSON ISLAND FL 32949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HAZEN, MAXINE 4100 NORTH A1A 112 NORTH HUTCHINSON ISLAND FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	S BALOFF, MARTY 4100 NORTH A1A 121 NORTH HUTCHINSON ISLAND FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	U000000804175 01/29/07-80043-009 61.25				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert E Lowe ROBERT E LOWE 1-23-07 772-466-0525 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					