· 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 8:00 am

DOCUMENT # 763828 1. Entity Name TREASURE COVE DUNES CONDOMINIUM ASSOCIATION, INC.		A Bee		Secretary of State 01-16-2008 90014 014 ****70.00			
Principal Place of Business Mailing Address 4100 NORTH A1A 4100 NORTH A1A STE. 345 STE. 345 FT PIERCE, FL 34949-8346 US FT PIERCE, FL 34949-83		3346 US					
Principal Place of Business - No P.O. Box # Mailing Address			:			ali siali birik birik siali sibik bir	
Suite, Apt. #, etc. Suite, Apt. #, etc.				01072008	Chg-NP	CR2E037 (12/06)	
City & State City & State				4. FEI Number 59-2234	621		optied For ot Applicable
Zip Country	Zip	Countr	ry		of Status Desired	/ Fee Require	
6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered Agent	
		ן ן	Name James F. Johnson				
LOWE, BOB - 4100 NORTH A2A 113			Street Address (P.O. Box Number is Not Acceptable)			(
N HUTCHINSON ISLAND, FL 34949		_			2 4		
		1	4100 N. AIA - 334				
			City N. H	Hutchiason Island FL 39849			
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 Filorida. I am familiar with, and accept							
the obligations of registered agent.	JOHNSON IN		EI Joh	NON		T 1	
1/13/08							
SIGNATURE Signature, speed or printed name of registered ages	10 Times	Alex	gent signature/equired	47-1			
Signature, Abien o busine number of selection affect	Rand title II applicable. (NGPE:	Highspared Ap	Ceut situatrie/ecinied	(when reinstating)		DATE	
Filing Fee Is \$61.25	9. Election Carp Trust Fund Co	paign Fina	ancing _	\$5.00 May Be	7 1	Make check payable to orida Department of St	
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carry Trust Fund Co	paign Fina ontribution.	ancing	\$5.00 May Be Added to Fees	Fle	orida Department of St	tate
Filing Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND D	9. Election Carry Trust Fund Co	paign Fina ontribution.	ancing	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFIC	ers and directors in	tate I 10
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; 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: _

OFFICER OR DIRECTOR

772-460-9813