

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763828

FILED
May 02, 2009
Secretary of State

Entity Name: TREASURE COVE DUNES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4100 NORTH A1A
STE. 345
FT PIERCE, FL 349498346 US

New Principal Place of Business:

Current Mailing Address:

4100 NORTH A1A
STE. 345
FT PIERCE, FL 349498346 US

New Mailing Address:

FEI Number: 59-2234621 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOWE, BOB
4100 N A1A 334
N. HUTCHINSON ISLAND, FL 34949 US

Name and Address of New Registered Agent:

JOHNSON, JAMES F
4100 N A1A 334
N. HUTCHINSON ISLAND, FL 34949 US

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: JAMES F. JOHNSON

05/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: JOHNSON, JAMES F
Address: 4100 N A1A 334
City-St-Zip: N HUTCHINSON ISLAND, FL 34949

Title: P () Delete
Name: NERI, MARIO
Address: 4100 NORTH A1A 412
City-St-Zip: NORTH HUTCHINSON ISLAND, FL 32949

Title: S () Delete
Name: BALOFF, MARTY
Address: 4100 NORTH A1A 121
City-St-Zip: NORTH HUTCHINSON ISLAND, FL 34949

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: RUNYON, MIRIAM
Address: 4100 NORTH A1A 121
City-St-Zip: NORTH HUTCHINSON ISLAND, FL 34949

Title: VP () Change (X) Addition
Name: SHILLINLAW, JOHN
Address: 4100 NORTH A1A # 411
City-St-Zip: FORT PIERCE, FL 34949

Title: DIR () Change (X) Addition
Name: SCHILLINGER, DIANA
Address: 4100 NORTH A1A #344
City-St-Zip: NORTH HUTCHINSON ISLAND, FL 34949

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 F. JOHNSON

DT

05/02/2009

Electronic Signature of Signing Officer or Director

Date