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Jun 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768819 (5)
 1. Corporation Name
TREASURE COAST RENTAL ASSOCIATION, INC.



Principal Place of Business 3285 S. MILITARY TRAIL C/O ALLSTATE RENTALS LAKE WORTH FL 33463 US	Mailing Address 3285 S. MILITARY TRAIL C/O TOM CHUPEK LAKE WORTH FL 33463 US
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2. Principal Place of Business 21 Town & Country Rental Suite, Apt. #, etc. 22 5289 Southern Blvd City & State 23 West Palm Bch, FL Zip 24 33415	2a. Mailing Address 25 C/O Mike Roche Suite, Apt. #, etc. 27 5289 Southern Blvd City & State 28 West Palm Bch, FL Zip 29 33415	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 06/08/1983	4. FEI Number 65-0576642	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent CHUPEK, TOM 3285 SOUTH MILITARY TRAIL LAKE WORTH FL 33463	10. Name and Address of New Registered Agent 81 Name Mike Roche 82 Street Address (P.O. Box Number is Not Acceptable) 5289 Southern Blvd 83 84 City West Palm Bch FL 85 Zip Code 33415
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Michael M Roche (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME HARDY, BILL STREET ADDRESS 1300 BELVEDERE ROAD CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE P/D 1.2 NAME Dorsey Tennant 1.3 STREET ADDRESS 1601 N Congress Ave 1.4 CITY-ST-ZIP WPB, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PALANCHER, STEVE STREET ADDRESS 783 N. ALT. A1A CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> DELETE	2.1 TITLE V/D 2.2 NAME Fred Storm 2.3 STREET ADDRESS 1472 W Martin Luther King Jr Blvd 2.4 CITY-ST-ZIP Riviera Bch, FL 33404	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PARENT, GARY STREET ADDRESS 11328 OKEECHOBEE BLVD., #11 CITY-ST-ZIP ROYAL PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S/T/D 3.2 NAME Mike Roche 3.3 STREET ADDRESS 5289 Southern Blvd 3.4 CITY-ST-ZIP WPB, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME SWANSON, MIKE STREET ADDRESS 1592 S.E. VILLAGE GREEN DRIVE, STE. A CITY-ST-ZIP PORT ST. LUCIE FL	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Mike Swanson 4.3 STREET ADDRESS 1592 SE Village Green Dr Suite A 4.4 CITY-ST-ZIP Port St. Lucie, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME TENNANT, DORSEY STREET ADDRESS 1300 BELVEDERE ROAD CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME CHUPEK, TOM STREET ADDRESS 3285 S. MILITARY TRAIL CITY-ST-ZIP LAKE WORTH FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael M Roche 4/30/98 686-0602

CR2E037 (10/97)