2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768819

FILED Feb 10, 2004 Secretary of State

Entity Name: TREASURE COAST RENTAL ASSOCIATION, INC.

urrent P	rincipal Place	of Busin	ess:	New Principal F	Place of Business:
		CTING E	QUIPMENT, INC.		
	ILITARY TRAIL LM BEACH, FL	33407	US		
urrent M	rent Mailing Address:		New Mailing Ad	New Mailing Address:	
	MITH LITARY TRAIL LM BEACH, FL	33415	US		
El Number:	: 65-0576642	FEI Num	ber Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()
ame and	Address of C	urrent R	egistered Agent:	Name and Addr	ress of New Registered Agent:
	LITARY TRAIL LM BEACH, FL	33407	US		
		ubmits th	is statement for the p	purpose of changing its regi	istered office or registered agent, or bot
the State	e of Florida.	ubmits th	is statement for the p	purpose of changing its regi	istered office or registered agent, or bot
the State	e of Florida. RE:		is statement for the pure of Registered Agr		istered office or registered agent, or bot Date
the State	e of Florida. RE:	c Signatı		ent	
the State	e of Florida. RE: Electroni S AND DIRECT	c Signati FORS: Delete DN ATE A1A #/	ure of Registered Ago	ent	Date
the State IGNATUF FFICERS tle: ame: ddress:	Electroni S AND DIRECT D () BUCKLES, JASC 763 N. ALTERNA JUPITER, FL 33	c Signatu FORS: Delete DN ATE A1A #/ B477 Delete ON Y TRAIL	ure of Registered Ago	ent ADDITIONS/CH Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTO
the State IGNATUF FFICERS ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	Electroni S AND DIRECT D () BUCKLES, JASO 763 N. ALTERNA JUPITER, FL 33 D () COHEN, SHELD 3285 S MILITAR LAKE WORTH, F	c Signatu FORS: Delete DN ATE A1A #/ 3477 Delete ON Y TRAIL FL 33407 Delete SEY ESS AVE	ure of Registered Ago	ent ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOBY CJ SMITH P 02/10/2004