

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004827

FILED
Jan 08, 2009
Secretary of State

Entity Name: TREASURE COAST FAMILY OFFICES, INCORPORATED

Current Principal Place of Business:

RIVER HOUSE, 21 PALMETTO DR
SEWALL'S POINT, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

SIX PPG PLACE SUITE 1150
PITTSBURGH, PA 15222 US

New Mailing Address:

FEI Number: 65-0769627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: FINEGOLD, ALAN H
Address: RIVER HOUSE, 21 PALMETTO DRIVE
City-St-Zip: SEWALL'S POINT, FL 34996

Title: S () Delete
Name: FINEGOLD, ELIZABETH A
Address: RIVER HOUSE, 21 PALMETTO DRIVE
City-St-Zip: SEWALL'S POINT, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN H. FINEGOLD

CPT

01/08/2009

Electronic Signature of Signing Officer or Director

Date