

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001058

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** TREASURE COAST OF FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL  
PROPERTY MANAGERS, INC.

**Current Principal Place of Business:**

3226 NE HOLLY CREEK DR.  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

168 NW BYRON STREET  
PORT ST. LUCIE, FL 34996

**Current Mailing Address:**

PO BOX 1352  
JENSEN BEACH, FL 34958

**New Mailing Address:**

**FEI Number:** 14-5308194      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEIST, H. ANTHONY  
1661 ESTERO BLVD STE 20  
FT MYERS BEACH, FL 33931      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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CORCORAN, KATHLEEN  
Address: 2355 SE SEAFURY LN  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: TD      ( ) Delete  
Name: GREENE, NANCY B  
Address: 3226 NE HOLLY CREEK DR.  
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD      ( ) Delete  
Name: JOHNSON, JAMES  
Address: 753 NW FOREST DR.  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: GREENE, NANCY  
Address: 3727 SE OCEAN BLVD. STE. 110  
City-St-Zip: STUART, FL 34996

Title: TD      (X) Change ( ) Addition  
Name: SMITH, ALEX  
Address: 3727 SE OCEAN BLVD, STE. 110  
City-St-Zip: STUART, FL 34996

Title: TD      (X) Change ( ) Addition  
Name: ROBERTS, VALNA E  
Address: 168 NW BYRON ST.  
City-St-Zip: PORT ST. LUCIE, FL 34983

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: VALNA E. ROBERTS

TD

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date