

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001058

FILED
Apr 29, 2005
Secretary of State

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

Current Principal Place of Business:

168 NW BYRON STREET
PORT ST. LUCIE, FL 34996

New Principal Place of Business:

145 NW CENTAL PARKWAY
SUITE 111
PORT ST. LUCIE, FL 34986

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 (X)

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: GREENE, NANCY
Address: 3727 SE OCEAN BLVD. STE. 110
City-St-Zip: STUART, FL 34996

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GREENE, NANCY
Address: 145 NW CENTRAL PARKWAY, SUITE 111
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TD (X) Change () Addition
Name: CORCORAN, KATHLEEN
Address: 2355 SE SEAFURY LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: TD (X) Change () Addition
Name: ROBERTS, VALNA E
Address: 585 NE OCEAN BLVD.
City-St-Zip: STUART, FL 34996

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 ROBERTS

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date