

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001058

FILED
Apr 10, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

585 NE OCEAN BLVD.
STUART, 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 (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: 145 NW CENTRAL PARKWAY, SUITE 111
City-St-Zip: PORT ST. LUCIE, FL 34986

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DALTON, JACQUELINE
Address: 585 NE OCEAN BLVD.
City-St-Zip: STUART, FL 36996

Title: TD (X) Change () Addition
Name: SCHEVERES, SELMA
Address: 2667 SW PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

04/10/2006

Electronic Signature of Signing Officer or Director

Date