

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001058

FILED  
Jan 16, 2007  
Secretary of State

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

**Current Principal Place of Business:**

585 NE OCEAN BLVD.  
STUART, FL 34996

**New Principal Place of Business:**

2667 SW PORT ST LUCIE BLVD.  
PORT ST LUCIE, FL 34953

**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: DALTON, JACQUELINE  
Address: 585 NE OCEAN BLVD.  
City-St-Zip: STUART, FL 36996

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

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: SCHEVERES, SELMA  
Address: 2667 SW PORT ST. LUCIE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 36953

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

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

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: BRENDA F. GERDES

TD

01/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date