

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001058

FILED  
Mar 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7870  
PORT ST. LUCIE, FL 34985 78

**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: CARLOS, SUSAN  
Address: 2667 SW PORT ST. LUCIE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TD ( ) Delete  
Name: PHELPS, DAVID  
Address: 2920 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

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

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

Title: D (X) Change ( ) Addition  
Name: PHELPS, DAVID  
Address: 934 N. UNIVERSITY DRIVE, #120  
City-St-Zip: CORAL SPRINGS, FL 33071

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

Title: TD (X) Change ( ) Addition  
Name: GOOD, MARGARET  
Address: 1231 SE PORT ST. LUCIE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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

SIGNATURE: DAVID PHELPS

D

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date