

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 13, 2011**  
**Secretary of State**

DOCUMENT# N01000001058

**Entity Name:** TREASURE COAST OF FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL  
PROPERTY MANAGERS, INC.**Current Principal Place of Business:**1231 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952**New Principal Place of Business:**8362 SE MAGNOLIA AVE  
HOBE SOUND, FL 33455**Current Mailing Address:**1231 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952**New Mailing Address:**8362 SE MAGNOLIA AVE  
HOBE SOUND, FL 33455**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:** PD  
**Name:** LUNDSTROM, CHRISTOPHER  
**Address:** 8362 SE MAGNOLIA AVE  
**City-St-Zip:** HOBE SOUND, FL 33455**Title:** VPD  
**Name:** LEMASTER-MOCK, DONNA  
**Address:** 2014 SE PORT ST LUCIE BLVD.  
**City-St-Zip:** PORT ST LUCIE, FL 34952**Title:** SD  
**Name:** OAKOWSKY, CHARLENE  
**Address:** 613 SE ASHLEY OAKS WAY  
**City-St-Zip:** STUART, FL 34997**Title:** TD  
**Name:** GOOD, MARGARET  
**Address:** 1231 SE PORT ST LUCIE BLVD  
**City-St-Zip:** PORT ST LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER LUNDSTROM

PD

10/13/2011

Electronic Signature of Signing Officer or Director

Date