## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100001058

1. Entity Name

## TREASURE COAST OF FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS,



## FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91064 005 \*\*\*\*70.00

Country   Country   Country   Country   Country   S. Certificate of Status Desired   S.8.75 Additional Fee Paquired   S.8.75 Additional Fee Paquired   S.8.75 Additional Fee Paquired   S.8.75 Additional Fee Paquired   Status Desired   S.8.75 Additional Fee Paquired Agent Status Desired				SO WE !					
2. Principal Place of Bus ness   3. Melling Address    Surto, Apt. #, etc.   Surto, Apt. #, etc.   Surto, Apt. #, etc.   Chy Sister   A. FEI Number 14-5308    City Sister   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional    6. Name and Address of Current Registered Agent   Name and Address of New Registered Agent    HEIST, H. ANTHONY 1661 ESTERO BLVD STE 20   FT MYERS BEACH FL 33931    City   FL   Zip Code    City   FL   Zip Code    Street Address (PO. Box Number is Not Acceptable)    FL   Zip Code    City   FL   Zip Code    Street Address of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Number is Not Acceptable)    FILE NOW: FEE IS \$61.25   9. Election Campaign Framering    Street Address (PO. Box Numb	Principal Plac	ce of Business	Mailing Address						
Suite, Apt. #, etc.    City & State	3226 NE HOLLY CREEK DR.								
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.									
City & State  Country  Country  S. Certificate of Status Desired  S. Certifica	2. Principal P	Place of Business	3. Mailing Address						
Secretarian	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  Signature. Syndor prime name of registered agent.  NOTE: Registered Agent streams required when initiating)  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. 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. I am familiar with, and acceptable or registered agent.  SIGNATURE  Signature, syndor prime name of registered agent.  NOTE: Registered Agent streams required when initiating)  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am famil	City & Stat	е	City & State		4. FEI Number 14	I-5308194		oplied For ot Applicable	
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Title   D									
8. 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. I am familiar with, and acc the obligations of registered agent.  **SIGNATURE**    Signature									
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*SIGNATURE    Signature, typed or printed name of registered agent and size if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	8. The above	named entity submits this statement for	r the purpose of changing its	registered office or re	egistered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept	
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TITLE NAME SCHULMAN, LEE STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957  TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D CORCORAN, KATHLEEN STREET ADDRESS CITY-ST-ZIP TITLE D STUART FL 34996  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D ANAME ANSARA, RON 2731 SE MORNINGSIDE BLVD TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D ANSARA, RON 2731 SE MORNINGSIDE BLVD TITLE NAME GREENE, NANCY B  TITLE NAME GREENE, NANCY B		FILE NOW: FEE IS \$61.25		· • -	\$5.00 May Be Added to Fees				
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STREET ADDRESS  CITY ST. 7/9									
CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information			at an analysis						

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

INTERDEDUTHINGON / TAE 4 SUCER

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772-335-337/