

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002606

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: TREASURE COAST AHEPA #479, INC.

**Current Principal Place of Business:**

4236 SW MALLARD CREEK TRAIL  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

4236 SW MALLARD CREEK TRAIL  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 65-1091370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAGEENAKIS, JOHN A  
4236 SW MALLARD CREEK TRAIL  
PALM CITY, FL 34990 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: P ( ) Delete  
Name: SOFIKITIS, KONSTANTINOS  
Address: 2181 SE BOWIE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SD ( ) Delete  
Name: DAGEENAKIS, JOHN A  
Address: 4236 SW MALLARD CREEK TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete  
Name: CRIST, JAMES  
Address: 4365 GATOR TRACE LN  
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Delete  
Name: ASPROMALLIS, DIMITRES  
Address: 775 MUNSACK CR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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

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

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

Title: T (X) Change ( ) Addition  
Name: ASPROMALLIS, DEMETRIS  
Address: 775 MUNJACK CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: DAGEENAKIS JOHN

SD

01/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date