

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-14-2004 90060 024 ****61.25

DOCUMENT # N02000008538

1. Entity Name

**YACHT CLUB AT TREASURE COVE HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
126 S FEDERAL HWY, STE 204
DANIA BEACH FL 33004

Mailing Address
126 S FEDERAL HWY, STE 204
DANIA BEACH FL 33004

2. Principal Place of Business
18851 NE 29th AVE

3. Mailing Address
18851 NE 29th AVE

Suite, Apt. #, etc.
7th FL

Suite, Apt. #, etc.
7th FL

City & State
AVENTURA FL

City & State
AVENTURA, FL

Zip
33180

Country
U.S.

Zip
33180

Country
US



MOORE CR2E037 (11/03)

4. FEI Number 34-1977294
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIRULNIK, ALEX D ESO
3440 HOLLYWOOD BLVD, STE 360
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name GARY D POSNER
Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AVE, 7th FL
City AVENTURA FL Zip Code 33180

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POSNER, GARY D
STREET ADDRESS 126 S FEDERAL HWY, STE 204
CITY-ST-ZIP DANIA BEACH FL 33004 ☐ Delete

TITLE VD
NAME POSNER, RONALD
STREET ADDRESS 126 S FEDERAL HWY, STE 204
CITY-ST-ZIP DANIA BEACH FL 33004 ☐ Delete

TITLE STD
NAME POSNER, MATHEW
STREET ADDRESS 126 S FEDERAL HWY, STE 204
CITY-ST-ZIP DANIA BEACH FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME POSNER, GARY D
STREET ADDRESS 18851 NE 29th AVE, 7th FL
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VD ☒ Change ☐ Addition
NAME POSNER, RONALD
STREET ADDRESS 18851 NE 29th AVE, 7th FL
CITY-ST-ZIP AVENTURA, FL 33180

TITLE STD ☒ Change ☐ Addition
NAME POSNER, MATHEW
STREET ADDRESS 18851 NE 29th AVE, 7th FL
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/04 305-466-4367