


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008538

1. Entity Name
YACHT CLUB AT TREASURE COVE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 18851 NE 29TH AVE 7TH FLOOR MIAMI, FL 33180	Mailing Address 18851 NE 29TH AVE 7TH FLOOR MIAMI, FL 33180
--	--



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 34-1977294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POSNER, GARY
 18851 NE 29TH AVE 7TH FLOOR
 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSNER, GARY D 18851 NE 29TH AVE 7TH FLOOR AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POSNER, RONALD 18851 NE 29TH AVE 7TH FLOOR AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POSNER, MATHEW 18851 NE 29TH AVE 7TH FLOOR AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000200119
 01/28/05-80013-016 \$1.25

DO NOT WRITE IN THIS SPACE

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: *Gary D Posner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____