2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-21-2004 90005 015 ****61.25

DOCUMENT # N03000007185

1. Entity Name
TREASURE COAST PROPERTIES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1715 SE TIFFANY AVE
PORT ST LUCIE, FL 34982

Mailing Address
1715 SE TIFFANY AVE
PORT ST LUCIE, FL 34982

05062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 11-3720185 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DELROWE, DANIEL J
1715 SE TIFFANY AVE
PORT ST LUCIE, FL 34982

7. Name and Address of New Registered Agent
Name
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 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

Filing Fee is $61.25
Due by September 8, 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	DPT	☐ Delete
NAME	DELROWE, DANIEL J	
STREET ADDRESS	1715 SE TIFFANY AVE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34982	
TITLE	DV	☐ Delete
NAME	LANGLEY, KENNETH B	
STREET ADDRESS	2201 S 10TH ST	
CITY-ST-ZIP	FT PIERCE, FL 34950	
TITLE	DS	☐ Delete
NAME	GORMAN, EILEEN	
STREET ADDRESS	1715 SE TIFFANY AVE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34982	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: _____ 5/17/04 772-337-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #