

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000007185</b>	
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



02242005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3720185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 re-stating) 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**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DELROWE, DANIEL J 1715 SE TIFFANY AVE PORT ST LUCIE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANGLEY, KENNETH B 2201 S 10TH ST FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GORMAN, EILEEN 1715 SE TIFFANY AVE PORT ST LUCIE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

03/23/05-80040-020 61.25

**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)(f), 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: \_\_\_\_\_ Date: 3/21/05 Daytime Phone # \_\_\_\_\_