

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90240 001 \*\*\*\*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

**40032700**



03102006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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

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 May 1, 2006**

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  
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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

*Daniel DeLowe*  
**Daniel DeLowe**

*3/13/06*  
**3/13/06 772-337-2000**