

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007185

FILED
Apr 10, 2007
Secretary of State

Entity Name: TREASURE COAST PROPERTIES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1715 SE TIFFANY AVE
PORT ST LUCIE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1715 SE TIFFANY AVE
PORT ST LUCIE, FL 34982

New Mailing Address:

FEI Number: 11-3720185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELROWE, DANIEL J
1715 SE TIFFANY AVE
PORT ST LUCIE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DELROWE, DANIEL J
Address: 1715 SE TIFFANY AVE
City-St-Zip: PORT ST LUCIE, FL 34982

Title: DV () Delete
Name: LANGLEY, KENNETH B
Address: 2201 S 10TH ST
City-St-Zip: FT PIERCE, FL 34950

Title: DS () Delete
Name: GORMAN, EILEEN
Address: 1715 SE TIFFANY AVE
City-St-Zip: PORT ST LUCIE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN M. GORMAN

DS

04/10/2007

Electronic Signature of Signing Officer or Director

Date