## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03311

FILED Apr 22, 2007 Secretary of State

Entity Name: TREASURE COASTERS REPEATER ASSOCIATION, INC.

Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
	COURT SW CH, FL 32968	US				
Current Mailing Address:			New Mailii	New Mailing Address:		
163 FREEPORT CAY /ERO BEACH, FL 32966 US			1590 46TH AVENUE VERO BEACH, FL 32966 US			
FEI Number:	59-2413858	FEI Number Applied For ( )	FEI Number Not Appli	icable ( ) Ce	ertificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New	Registered Agent:	
NOVOTNY 163 FREEF VERO BEA		US	BAKER, C. 1590 46TH VERO BEA		US	
The above in the State		ıbmits this statement for the purp	oose of changing it	s registered office	e or registered agent, or both,	
SIGNATUR	E: C. DWIGH	T BAKER			04/22/2007	
	Electronic	Signature of Registered Agent			Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES TO	OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	S/TD () E JACKSON, RICH/ 240 29TH COURT VERO BEACH, FI	T SW	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E FARBER, MILTOI 117 JUSTINE SEBASTIAN, FL		Title: Name: Address: City-St-Zip:	D (X) Chi BAKER, C. DWIGH 1590 46TH AVENUE VERO BEACH, FL	Ξ	
Title: Name: Address: City-St-Zip:	D () E SMITH, ALFRED 1425 14TH COUF VERO BEACH, FI		Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ()E STEWART, CRAI 646 GLENVIEW VERO BEACH, FI	TERRACE	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ()E NOVOTNY, JOHN 163 FREEPORT VERO BEACH, FI	CAY	Title: Name: Address: City-St-Zip:	( ) Cha	ange ()Addition	
Title: Name: Address: City-St-Zip:	D () E LIMBERIS, NICHO 1526 48TH COUP VERO BEACH, FI	RT	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	

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: C. DWIGHT BAKER D 04/22/2007