



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001103		
1. Entity Name TREASURE COAST 12 CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 7997 SW JACK JAMES DR STUART, FL 34997	Mailing Address 7997 SW JACK JAMES DR STUART, FL 34997	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LINDSAY, ELIZABETH A 7997 SW JACK JAMES DR STUART, FL 34997		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSAY, ELIZABETH A 208 N US HWY ONE #8 TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIEMEYER, TED 296 CABAN PT CIR STE 101 STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <u>Elizabeth A. Lindsay</u> 1/15/07 772- 284-5753 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1758121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/22/07-80023-010 61.25

**DO NOT WRITE
IN THIS SPACE**