

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90008 008 ****61.25

DOCUMENT # N04000012017					
1. Entity Name TREASURE COAST SPLASH, INC.					
Principal Place of Business 4000 SW BALLETO PORT ST LUCIE, FL 34953			Mailing Address 4000 SW BALLETO PORT ST LUCIE, FL 34953		
2. Principal Place of Business 2581 SW RACQUET CLUB DR Suite, Apt. #, etc.		3. Mailing Address 2581 SW RACQUET CLUB DRIVE Suite, Apt. #, etc.			
City & State PALM CITY, FL		City & State PALM CITY FL		4. FEI Number 20-2724733	
Zip 34990		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORODETSKY, JEFFREY— 2581 SW RACQUET CLUB DRIVE PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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				DATE 3/18/06	
(NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUELLETTE, BRUCE ☒ Delete 4000 SW BALLETO PORT ST LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORODETSKY, JEFFREY S. ☐ Change ☒ Addition 2581 SW RACQUET CLUB DRIVE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, DAVID ☐ Change ☒ Addition 587 NW BELLWORTH PL JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:				DATE 3/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 772-220-2474	

JEFFREY S. GORODETSKY