

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90003 019 \*\*\*\*61.25

<b>DOCUMENT # N05000010429</b>						
<b>1. Entity Name</b> TREASURE COAST ASSOCIATION OF CODE ENFORCEMENT INC.						
<b>Principal Place of Business</b> 2300 VIRGINIA AVE FT PIERCE, FL 34982			<b>Mailing Address</b> 2300 VIRGINIA AVE FT PIERCE, FL 34982			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	07052006    Chg-NP    CR2E037 (4/06)		
<b>4. FEI Number</b> 14-1939285				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
SMITH, DANIELLE 2300 VIRGINIA AVE FT PIERCE, FL 34982			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>			
<b>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.</b>						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
<b>TITLE</b> P	<b>NAME</b> GRIM, DENNIS		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President	<b>NAME</b> Bob Dusanek	
<b>STREET ADDRESS</b> 2300 VIRGINIA AVE	<b>STREET ADDRESS</b> 2300 VIRGINIA AVE		<b>CITY-ST-ZIP</b> FT PIERCE, FL 34982	<b>STREET ADDRESS</b> 100 N us #1	<b>CITY-ST-ZIP</b> FT. Pierce, FL 34950	
<b>TITLE</b> VP	<b>NAME</b> DUSANEK, BOB		<input type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> Dennis Bunt	
<b>STREET ADDRESS</b> 100 N US 1	<b>STREET ADDRESS</b> 2300 VIRGINIA AVE		<b>CITY-ST-ZIP</b> FT PIERCE, FL 34950	<b>STREET ADDRESS</b> 2300 Virginia Ave	<b>CITY-ST-ZIP</b> FT. Pierce, FL 34982	
<b>TITLE</b> SAA	<b>NAME</b> BUNT, DENNIS		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> SAA	<b>NAME</b> Anne Prestridge	
<b>STREET ADDRESS</b> 2300 VIRGINIA AVE	<b>STREET ADDRESS</b> 2300 VIRGINIA AVE		<b>CITY-ST-ZIP</b> FT PIERCE, FL 34982	<b>STREET ADDRESS</b> 2300 Virginia Ave	<b>CITY-ST-ZIP</b> FT. Pierce, FL 34982	
<b>TITLE</b> S	<b>NAME</b> SMITH, DANIELLE		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2300 VIRGINIA AVE	<b>STREET ADDRESS</b> 2300 VIRGINIA AVE		<b>CITY-ST-ZIP</b> FT PIERCE, FL 34982	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> T	<b>NAME</b> BRUBAKER, MELISSA		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2300 VIRGINIA AVE	<b>STREET ADDRESS</b> 2300 VIRGINIA AVE		<b>CITY-ST-ZIP</b> FT PIERCE, FL 34982	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>CITY-ST-ZIP</b> 	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>						
<b>SIGNATURE</b>			8/15/06    772-462-2304			
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ <small>Date    Daytime Phone #</small>			

50025732

