


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06431</b> 1. Entity Name <b>GOLD COAST TREASURY MANAGEMENT ASSOCIATION, INC.</b>	
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Principal Place of Business <b>% COMERICA</b> <b>2800 WESTON RD, SUITE 200 LIANA SANCHEZ</b> <b>WESTON, FL 33331</b>	Mailing Address <b>% COMERICA</b> <b>2800 WESTON RD, SUITE 200 LIANA SANCHEZ</b> <b>WESTON, FL 33331</b>
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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2666754</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SANCHEZ, LIANA**  
**C/O COMERICA BANK**  
**2800 WEST ROAD, SUITE 200**  
**WESTON, FL 33331**

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, VIVIAN
STREET ADDRESS	7900 GLADES RD - P O BOX 100
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	VD
NAME	MILLER, TINA
STREET ADDRESS	501 SOUTH FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD
NAME	GENDAL, LISA
STREET ADDRESS	ONE FINANCIAL PLAZA/ FL6-808-10-04
CITY-ST-ZIP	FT LAUDERDALE, FL 33394
TITLE	TD
NAME	SANCHEZ, LIANA
STREET ADDRESS	2800 WESTON ROAD, STE #200
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000172604  
01/06/05-80004-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/05 (994) 306-4528