
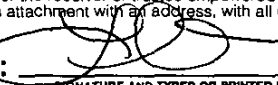


FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90037 045 ****61.25

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

DOCUMENT # N06431					
1. Entity Name GOLD COAST TREASURY MANAGEMENT ASSOCIATION, INC.					
Principal Place of Business % COMERICA 2800 WESTON RD, SUITE 200 LIANA SANCHEZ WESTON, FL 33331			Mailing Address % COMERICA 2800 WESTON RD, SUITE 200 LIANA SANCHEZ WESTON, FL 33331		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2666754				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANCHEZ, LIANA C/O COMERICA BANK 2800 WEST ROAD, SUITE 200 WESTON, FL 33331			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 _____ <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 September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, VIVIAN		NAME	7900 Glades Road, suite 200	
STREET ADDRESS	7900 GLADES RD - P O BOX 100		STREET ADDRESS	Boca Raton, FL 33434	
CITY-ST-ZIP	BOCA RATON, FL 33429		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, TINA		NAME	Karen Trimm	
STREET ADDRESS	501 SOUTH FLAGLER DR		STREET ADDRESS	5201 Congress Ave, # 275	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GENDAL, LISA		NAME	Tina Miller	
STREET ADDRESS	ONE FINANCIAL PLAZA/ FL6-808-10-04		STREET ADDRESS	930 N Federal Hwy, suite 100	
CITY-ST-ZIP	FT LAUDERDALE, FL 33394		CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, LIANA		NAME		
STREET ADDRESS	2800 WESTON ROAD, STE #200		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 07/26/2007 3064528		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		