2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# N06431

Entity Name: GOLD COAST TREASURY MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

% COMERICA
2800 WESTON RD, SUITE 200 LIANA SANCHEZ
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

% COMERICA
2800 WESTON RD, SUITE 200 LIANA SANCHEZ
WESTON, FL 33331

New Mailing Address:

FEI Number: 59-2666754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GARCIA, VIVIAN	
Address:	7900 GLADES ROAD SUITE 200	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	VD	( ) Delete
Name:	TRIMM, KAREN	
Address:	5201 CONGRESS AVE #275	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	SD	( ) Delete
Name:	MILLER, TINA	
Address:	980 N. FEDERAL HWY SUITE 100	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	TD	( ) Delete
Name:	SANCHEZ, LIANA	
Address:	2800 WESTON ROAD, STE #200	
City-St-Zip:	WESTON, FL 33331	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIANA SANCHEZ TD 09/02/2008

Electronic Signature of Signing Officer or Director — Date