

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

03-20-2008 90039 012 ****61.25

DOCUMENT # N07000000993 1. Entity Name TMTFEE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3725 12TH CT VERO BEACH, FL 32960			Mailing Address 3725 12TH CT VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-8485348 Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHOLTZ, MICHELE MD 3725 12TH CT VERO BEACH, FL 32960				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 _____ Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD MAHOLTZ, MICHELE M.D. 1475 CORONA LN VERO BEACH, FL 32963	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HALL, MINDY M D.M.D. 4429 16TH ST N VERO BEACH, FL 32966	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENNICK, SANDRA G 979 BEACHLAND BLVD VERO BEACH, FL 32963	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
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: <u>Michelle S. Maholtz</u> 3/18/08 772-867-0081 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66006358