

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005603

FILED
Mar 02, 2009
Secretary of State

Entity Name: TREASURE COAST / NORTH PALM COACHES ASSOCIATION, INC.

Current Principal Place of Business:

923 UPLAND RD
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

923 UPLAND RD
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 26-0309785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILKEN, JUSTIN
923 UPLAND RD
WEST PALM BEACH, FL 33401 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: P () Delete
Name: KOHN, ANDREW
Address: 923 UPLAND RD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST () Delete
Name: GILKEN, JUSTIN
Address: 923 UPLAND RD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILKEN, JUSTIN
Address: 923 UPLAND ROAD
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: ST (X) Change () Addition
Name: RYE, SHANE
Address: 1125 VIA JARDIN ROAD
City-St-Zip: RIVIERA BEACH, FL 33418 US

Title: VP () Change (X) Addition
Name: GEPHART, JOSEPH
Address: 10393 PEACHTREE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33401 US

Title: VP () Change (X) Addition
Name: JACOBS, JAMES
Address: 10267 ALLAMANDA CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL US

Title: VP () Change (X) Addition
Name: HEIDE, CHRISTOPHER
Address: 140 NORFOLK ROAD
City-St-Zip: JUPITER, FL 33469 US

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: JUSTIN GILKEN

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date