# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 11, 2009**
**Secretary of State**

DOCUMENT# N08000001789

**Entity Name:** TREASURE COAST COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, STE 109
PALM BEACH GARDENS, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, STE 109
PALM BEACH GARDENS, FL 33403

**New Mailing Address:**

**FEI Number: 26-2020065** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE
STE 109
PALM BEACH GARDENS, FL 33403 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: FINK, TOM
Address: 1750 S BRENTWOOD BLVD SUITE 701
City-St-Zip: ST LOUIS, MO 63144

Title: VD ( ) Delete
Name: HOLSTE, STEPHEN F
Address: 1750 S BRENTWOOD BLVD SUITE 701
City-St-Zip: ST LOUIS, MO 63144

Title: ST ( ) Delete
Name: HOLSTE, STEPHEN
Address: 1750 S BRENTWOOD BLVD SUITE 701
City-St-Zip: ST LOUIS, MO 63144

Title: D ( ) Delete
Name: COOK, JEFFREY
Address: 1750 S BRENTWOOD BLVD SUITE 701
City-St-Zip: ST LOUIS, MO 63144

**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: TOM FINK P 03/11/2009

Electronic Signature of Signing Officer or Director — Date