

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006222

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: TREASURED LANDS FOUNDATION, INC.

**Current Principal Place of Business:**

715 COLORADO AVENUE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

715 COLORADO AVENUE  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 26-2908675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEST, WILLIAM V JR.  
715 COLORADO AVENUE  
STUART, FL 34994 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: D ( ) Delete  
Name: BIRDSEY, BARBARA  
Address: 489 SOUTH BEACH ROAD  
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete  
Name: CONNOLLY, JOSEPH  
Address: 2 BRIDGE ROAD  
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete  
Name: HAASE, LAURA  
Address: 993 NW PINE LAKE DRIVE  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: ST. JOHN, JAMES III  
Address: 5200 BLUE LAGOON DRIVE, SUITE 790  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: WEST, WILLIAM V JR.  
Address: 715 COLORADO AVENUE  
City-St-Zip: STUART, FL 34994

**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:

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: LAURA HAASE

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date