

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90281 007 ****61.25

DOCUMENT # N09484

1. Entity Name
TREASURE ISLAND CLUB ASSOCIATION, INC.



Principal Place of Business
**300 COLUMBIA DRIVE
CAPE CANAVERAL, FL 32920**

Mailing Address
**300 COLUMBIA DR., #3105
CAPE CANAVERAL, FL 32920 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2541154

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETIT, GLEN W
300 COLUMBIA DR., #3106
CAPE CANAVERAL, FL 32920**

Name
Maurice Ledoux
Street Address (P.O. Box Number is Not Acceptable)

300 Columbia Drive #3506
City **Cape Canaveral** **FL** Zip Code **32920**

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

Maurice A. Ledoux

4-8-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

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 **SD** ☒ Delete
NAME **HERVISH, PETER**
STREET ADDRESS **300 COLUMBIA DR #1501**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **SD** ☒ Change ☐ Addition
NAME **Nancy Hall**
STREET ADDRESS **300 Columbia Dr. #3102**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE **VD** ☒ Delete
NAME **LEDoux, MAURICE**
STREET ADDRESS **300 COLUMBIA DR #3506**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **VD** ☒ Change ☐ Addition
NAME **Jerry Christian**
STREET ADDRESS **300 Columbia Drive # 2201**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE **TD** ☐ Delete
NAME **RAGLEY, JOHN**
STREET ADDRESS **300 COLUMBIA DR #3206**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **PETIT, GLEN W**
STREET ADDRESS **300 COLUMBIA DR., #3106**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **PD** ☒ Change ☐ Addition
NAME **Maurice Ledoux**
STREET ADDRESS **300 Columbia Drive # 3506**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE **D** ☒ Delete
NAME **HEFLIN, TOM**
STREET ADDRESS **300 COLUMBIA DRIVE #3308**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **D** ☐ Change ☐ Addition
NAME **William R. Carson**
STREET ADDRESS **300 Columbia Drive # 2102**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maurice A. Ledoux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-06

321-783-2777

Date

Daytime Phone #