

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N10902

(7)

1. Corporation Name

THE TREASURE COAST SHELL CLUB, INC.



Principal Place of Business

CORNELL AVENUE & MARTIN DOWNS BLVD.
PO BOX 279
PALM CITY FL 34990
US

Mailing Address

P.O. BOX 279
PO BOX 279
PALM CITY FL 34990
US

3. Date Incorporated or Qualified
08/29/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIESER, NORENE
9870 S.E. LITTLE CLUB WAY N.
TEQUESTA FL 33469

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PPD	<input type="checkbox"/> DELETE
NAME	WISCHMANN, RUTH	
STREET ADDRESS	700 S.E. DIXIE HWY., #5	
CITY - ST - ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FRY, CATHY	
STREET ADDRESS	1542 JUPITER COVE DR., #502	
CITY - ST - ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEYNES, MARGE	
STREET ADDRESS	304 PHILADELPHIA DR.	
CITY - ST - ZIP	JUPITER FL 33458	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GIESER, NORENE	
STREET ADDRESS	9870 S.E. LITTLE CLUB WAY N	
CITY - ST - ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VPD
23 STREET ADDRESS	Rogers, David
24 CITY - ST - ZIP	495 Pelican Shoal Place -
31 TITLE	
32 NAME	Ft. Pierce, FL. 34982
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes; I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norene A. Gieser, Treas. Feb. 07 '96 407-746-3853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)