

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90041 019 \*\*\*\*70.00

DOCUMENT # **N10902**

1. Corporation Name

**THE TREASURE COAST SHELL CLUB, INC.**

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/29/1985**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **PHELPS, ED**  
STREET ADDRESS **2832 S.E. HIBISCUS STREET**  
CITY-ST-ZIP **STUART FL 34997**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Caddigan, Craig**  
1.3 STREET ADDRESS **2282 SW NIGHTINGALE TERRACE**  
1.4 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34953**

TITLE **VPD** ☐ DELETE  
NAME **ROGERS, DAVID**  
STREET ADDRESS **495 PELICAN SHOAL PLACE**  
CITY-ST-ZIP **FT PIERCE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **HEYNES, MARGE**  
STREET ADDRESS **304 PHILADELPHIA DR.**  
CITY-ST-ZIP **JUPITER FL 33458**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **GIESER, NORENE**  
STREET ADDRESS **9870 S.E. LITTLE CLUB WAY N**  
CITY-ST-ZIP **TEQUESTA FL 33469**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GIESER**

**04-15-99**

**561-746-3853**

Date

Daytime Phone #

CR2E037 (1/98)