

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002220

FILED  
Sep 18, 2012  
Secretary of State

**Entity Name:** ALZHEIMER'S AND PARKINSON'S ASSOCIATION OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

802 SE CAMELOT GARDENS BLVD.  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

802 SE CAMELOT GARDENS BLVD.  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 27-3201945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SACCO, PAT R  
802 SE CAMELOT GARDENS BLVD.  
PORT ST. LUCIE, FL 34952 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:** P  
**Name:** CAIN, PAUL  
**Address:** 227 EAST OCEAN BLVD.  
**City-St-Zip:** STUART, FL 34994 US

**Title:** VP  
**Name:** COPENHAVER, SHIRLEY  
**Address:** 1430 SE SAN SOUCI LANE  
**City-St-Zip:** PORT ST. LUCIE, FL 34952 US

**Title:** TRES  
**Name:** DEJARNETTE, CYNTHIA  
**Address:** 10331 SW VILLAGE CENTER DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34987 US

**Title:** BRD  
**Name:** DUVE', DOROTHY  
**Address:** 1401 GOLD TERRACE DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34952 US

**Title:** BRD  
**Name:** MALLEY, ALVIN  
**Address:** 3847 SW INWOOD PINES LANE  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** SEC  
**Name:** WOODS, EDWINA  
**Address:** 5749 NW BELWOOD CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986 US

I hereby 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 all other like empowered.

**SIGNATURE:** PAT RICHARD SACCO

CEO

09/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date