

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11753

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** TREASURE COAST CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6560 SOUTH FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 349526007

**New Principal Place of Business:**

**Current Mailing Address:**

6560 SOUTH FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 349526007

**New Mailing Address:**

**FEI Number:** 59-2666050      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KAVANAGH, GAIL H.  
6560 S.FEDERAL HWY.  
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: VD      ( ) Delete  
Name: HOPE, RICK  
Address: 1555 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960

Title: PD      ( ) Delete  
Name: BUFORD, DENNIS  
Address: 606 CAMDEN AVE  
City-St-Zip: STUART, FL 34994

Title: TS      ( ) Delete  
Name: KAVANAGH, GAIL  
Address: 6560 S FEDERAL HIGHWAY  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: HOPE, RICK  
Address: 1555 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960

Title: VD      (X) Change ( ) Addition  
Name: DOUGHERTY, JEFF  
Address: P O BOX 2970  
City-St-Zip: STUART, FL 34995

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL KAVANAGH

TS

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date