2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11753

FILED Apr 09, 2007 Secretary of State

Entity Name: TREASURE COAST CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6560 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE, FL 349526007

Current Mailing Address: New Mailing Address:

6560 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE, FL 349526007

FEI Number: 59-2666050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KAVANAGH, GAIL H. 6560 S.FEDERAL HWY. PORT ST. LUCIE, FL 34952

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:

Flatoria Circular of Decides of Asset

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: PD () Delete Title: VD (X) (
Name: HOPE, RICK Name: BERRY, RANDY
Address: 1555 INDIAN RIVER BLVD Address: 1805 TRANOUII

Address: 1555 INDIAN RIVER BLVD Address: 1805 TRANQUILITY BASE LANE
City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: PORT ST LUCIE, FL 34987

Title: VD () Delete Title: PD (X) Change () Addition Name: DOUGHERTY, JEFF Name: DOUGHERTY, JEFF

 Name
 DOUGHERTT, JEFF

 Address:
 P O BOX 2970

 City-St-Zip:
 STUART, FL 34995

 Address:
 P O BOX 2970

 City-St-Zip:
 STUART, FL 34995

Title: TS () Delete Title: () Change () Addition

 Name:
 KAVANAGH, GAIL
 Name:

 Address:
 6560 S FEDERAL HIGHWAY
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34952
 City-St-Zip:

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: JEFFREY DOUGHERTY PD 04/09/2007