2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11753

FILED Apr 30, 2008 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 US

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

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: GAIL KAVANAGH 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BERRY, RANDY BERRY, RANDY Name: Name: 1805 TRANQUILITY BASE LANE Address: 1805 TRANQUILITY BASE LANE Address: City-St-Zip: PORT ST LUCIE, FL 34987 City-St-Zip: PORT ST LUCIE, FL 34987 Title: PD Title: (X) Change () Addition () Delete SORENSON, CHRIS DOUGHERTY, JEFF Name: Name: Address: P O BOX 2970 Address: 8620 SE SABAL ST City-St-Zip: STUART, FL 34995 City-St-Zip: HOBE SOUND, FL 33455 Title: () Delete Title: **EVP** (X) Change () Addition KAVANAGH, GAIL KAVANAGH, GAIL Name: Name: 6560 S FEDERAL HIGHWAY Address: Address: 6560 S FEDERAL HIGHWAY City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: PORT SAINT LUCIE, FL 34952 Title: () Delete Title: () Change (X) Addition Name: Name: BRUHN, MONIQUE Address: Address: 4306 SOUTH US 1 City-St-Zip: City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change (X) Addition BARHAM, CATHERINE Name: Name: 1308 NE BUSINESS PARK PLACE Address: Address: City-St-Zip: City-St-Zip: JENSEN BEACH, FL 34957 Title: () Delete Title: () Change (X) Addition SCHLITT, GREG Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

P O BOX 650297 VERO BEACH, FL 32965

SIGNATURE: GAIL KAVANAGH EVP 04/30/2008