2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# N11753

Entity Name: TREASURE COAST CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6560 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

6560 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

New Mailing Address:

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

Name and Address of Current Registered Agent:

KAVANAGH, GAIL
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: SD
Name: BOSHELL, TARA
Address: 16162 HWY 441 N
City-St-Zip: OKEECHOBEE, FL 34972

Title: PPD
Name: SORENSON, CHRIS
Address: 2602 SW 64TH CT
City-St-Zip: PALM CITY, FL 34990

Title: TP
Name: CENK, ROBERT
Address: 759 S FEDERAL HWY #213
City-St-Zip: STUART, FL 34994

Title: PD
Name: SCHLITT, GREG
Address: 1114 17TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: VD
Name: HALL, CINDY
Address: 1069 NE CRESCENT ST
City-St-Zip: JENSEN BEACH, FL 34957

Title: VD
Name: CIARAVINO, JOE
Address: 701 S OLIVE ST #104
City-St-Zip: WEST PALM BEACH, FL 33401

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: GREG SCHLITT PD 04/18/2011
Electronic Signature of Signing Officer or Director Date