

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11753

FILED
Jan 06, 2012
Secretary of State

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:

WILLIAMS, MADELYN RS
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: MADELYN RS WILLIAMS

01/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: BOSHELL, TARA
Address: 16162 HWY 441 N
City-St-Zip: OKEECHOBEE, FL 34972

Title: TD
Name: MCCracken, P SCOTT
Address: 2312 VERO BEACH AVE
City-St-Zip: VERO BEACH, FL 32960

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

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

Title: SD
Name: CAMPION, JON
Address: 197 SE MONTEREY RD
City-St-Zip: STUART, FL 34994

Title: PD
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: MADELYN RS WILLIAMS

ED

01/06/2012

Electronic Signature of Signing Officer or Director

Date