## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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DIVISION OF CORPORATIONS

1996

DOCUMENT #

N15020

(3)

TREASURE COAST AIRPARK PROPERTY OWNERS ASSOCIATION. INC.

011, 1110	•						
Principal Place	of Business	Mailing Address					JU
12455 GRUMMAN WAY PORT ST LUCIE FL 34997		12455 GRUMMAN WAY PORT ST LUCIE FL 34987					
						3. Date Incorporated or Qualified 3a. Date of Last Report 05/21/1986 01/27/1995	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number Applied Fo	or
21		26				65-0118302 Not Applie	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition Fee Required	
City & State		City & State				Election Campaign Financing \$5.00 May B	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zıp	Cou	ntry		8. This corporation has liability for intartable tax under s. 199.032,	
24	25 9. Name and Address of Curren	29	30			Florida Statutes No  10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	r negistered Agent		B1	Name		
MCCADT	Y, DANIEL T, III		ļ				
	WAY DRIVE			82	Street	; Address (P.O. Box Number is Not Acceptable)	
	CE FL 34949			83			
,,,,,				84	City	FL 85 Zip Code	
or registere	o the provisions of Sections 617.0502 ad agent, or both, in the State of Florion, and accept the obligations of, Secti	da. Such change was authoria	zed by the c	ve-n	named co oration's	corporation submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered agent. I	office am
SIGNATURE _	Signature, typed or printed name of registered agent	and the it socioable (Ni	OTF: Buggistarea	Amen	t sionat no r	s respuise owine their stating) DATE	
12.	OFFICERS ANI		13.	Agent	t signature i	ADD TIONS/CHANGES TO OFFICERS AND DIBLOTORS IN 12	;
TITLE	D	DELETE	1.1 10	TLE		☐ Change ☐ Add	ition
NAME	BENT, S. THOMAS		1.2 N/	ME		DANIEL JONES . P.A.D	
STREET ADDRESS	15343 TWIN BCH PKWY		1.3 ST	REET	ADDRESS	DANIEL JONESER ROAD	
CITY-ST-ZIP	PT ST LUCIE FL	<u> </u>	140	TY-S	T-ZIP	PORT ST LYCIE FL 34987	
TITLE	ST BENTON OLAUDET	DELETE	2 1 TI			Change Add	ition
NAME	BENTON, CLAUDET 12455 GRUMMAN WAY		22 N/				
STREET ADDRESS	PORT ST LUCIE FL				ADDRESS		
CiTY-ST-ZIP TITLE	D TORY ST LOOKE PL	DELETE	2.4 C		ST - ZIP	P/D □Change □Add	lition
NAME	HANN, THOMAS C.		3 2 N/			1/1/	
STREET ADDRESS	12355 CESSNA TERR		3351	REET	ADDRESS	5	
CITY-ST-ZIP	PORT ST LUCIE FL		34 C	ITY - S	ST-ZIP		
TITLE	PD	DELETE	4.1 TI	TLE		VID GChange Add	
NAME	HANNEBURY, JERRY		4. 2 N	AME		W.B. KERR	
STREET ADDRESS	15339 TWINBEECH PKWY		4.3 S	REET	ADDRESS	W.B. KERR 12451 GRUMMAN WAY PORT ST LUCIE FL 3498	_
CITY - ST - ZIP	PORT ST LUCIE FL	Doctor			T-ZIP	PORT ST LUCIE PL 3498	<u>/</u>
TITLE		☐ DELETE	511				HIOT
NAME			5.2 N/				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 C		T - ZIP	☐ Change ☐ Ado	lition
NAME			62 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					ALLUMESS 11 - ZIP		
14. I do hereby certify that oath; that	the information indicated on this anni	ual report or supplemental and oration or the receiver or trusti	mished and nual report i ee empowe	doe s tru	s not qui se and a	Lualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth accurate and that my signature shall have the same legal effect as if made untitle this report as required by Chapter 617, Florida Statutes; and that my nar	nder

SIGNATURE: CLAUDET BENTON Clauder Benton 3/11/96 401/466-3536