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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15020** **(3)**

1. Corporation Name

TREASURE COAST AIRPARK PROPERTY OWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
12455 GRUMMAN WAY PORT ST LUCIE FL 34987	12455 GRUMMAN WAY PORT ST LUCIE FL 34987-2529

3. Date Incorporated or Qualified: 05/21/1986
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business
21 12354 Cessna Terrace
Suite, Apt. #, etc. 22
City & State 23 Port St. Lucie, FL
Zip 24 34987 Country 25 USA

2a. Mailing Address
26 12354 Cessna Terrace
Suite, Apt. #, etc. 27
City & State 28 Port St. Lucie, FL
Zip 29 34987 Country 30 USA

4. FEI Number: 65-0118302 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

MCCARTY, DANIEL T, III
1608 SEAWAY DRIVE
FT. PIERCE FL 34949

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, DANIEL 12355 CRUSADER RD PT ST LUCIE FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Leary, Brad Ford 12371 Grumman way Port St. Lucie, FL 34987	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BENTON, CLAUDET 12455 GRUMMAN WAY PORT ST LUCIE FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/T Rimbold, Robert K. 15382 Navion Drive Port St. Lucie, FL 34987	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HANN, THOMAS C. 12355 CESSNA TERR PORT ST LUCIE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P/D Hahn, thomas C. 12355 cessna terrace Port St. Lucie, FL 34987	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KERR, WB 12451 GRUMMAN WAY PT ST LUCIE FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Waters, Kenneth 4790 Christensen Road Ft. Pierce, FL 34981	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert K. Rimbold III Robert K Rimbold 3/22/97 561-489-0992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0072347