

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90297 050 ****61.25

DOCUMENT # N15020

1. Entity Name

**TREASURE COAST AIRPARK PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

12354 CESSNA TERRACE
PORT ST LUCIE FL 34987
US

Mailing Address

12354 CESSNA TERRACE
PORT ST LUCIE FL 34987
US

2. Principal Place of Business

12454 Groomman way
Suite, Apt. #, etc.

3. Mailing Address

381 NW 46th Ave
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

PORT ST LUCIE FL

City & State

DEERFIELD FL

4. FEI Number

65-0118302

Applied For

Not Applicable

Zip

34987

Country

USA

Zip

33442

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERMANJ, ROB
12354 CESSNA TERRACE
PORT ST LUCIE FL 34987

7. Name and Address of New Registered Agent

Name
C. NICK PREBLE
Street Address (P.O. Box Number is Not Acceptable)
381 NW 46th Ave
City
DEERFIELD FL Zip Code
33442

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

C. NICK PREBLE TREAS - 3/14/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME OPAT, RANDALL
STREET ADDRESS 12350 GOLDEN EAGLE
CITY-ST-ZIP PORT ST LUCIE FL 34987

TITLE VPD ☐ Delete
NAME ELLIOTT, MONICA L
STREET ADDRESS 15363 SKY KING DRIVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34987

TITLE SD ☐ Delete
NAME RIMBOLD, ROBERT K
STREET ADDRESS 15382 NAVION DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 34987

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Louis NELSON
STREET ADDRESS 12454 GROOMMAN way
CITY-ST-ZIP PSL FLA 34987

TITLE VPD ☒ Change ☐ Addition
NAME Angela Chemsow
STREET ADDRESS 12455 PIPER CUB Ter
CITY-ST-ZIP Pt St Lucie FL 34987

TITLE TRAS ☒ Change ☐ Addition
NAME C. NICK PREBLE
STREET ADDRESS 381 NW 46th Ave
CITY-ST-ZIP DEERFIELD FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/04 904-461-3828
Date Daytime Phone #