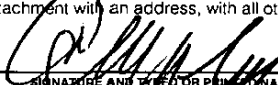


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90002 003 ****61.25

DOCUMENT # N15020 1. Entity Name TREASURE COAST AIRPARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 12454 GRUMMAN WAY PORT ST LUCIE, FL 34987 US			Mailing Address 12454 PIPER CUB TERRACE PORT ST LUCIE, FL 34987 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PREBLE, C. NICK 12454 PIPER CUB TERRACE PORT ST LUCIE, FL 34987				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD NELSON, LOUIS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	12454 GRUMMAN WAY		NAME		
STREET ADDRESS	PORT ST LUCIE, FL 34987		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T PREBLE, C. NICK ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	12454 PIPER CUB TERRACE		NAME		
STREET ADDRESS	PORT ST LUCIE, FL 34987		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  6/26/06 _____ 6/26/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					