

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23449

FILED
Apr 27, 2005
Secretary of State

Entity Name: TREASURE COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 491600
LEESBURG, FL 34749 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491600
LEESBURG, FL 34749 US

New Mailing Address:

FEI Number: 59-3684577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, MICHAEL
9821 WEDGEWOOD LANE
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GRAY, MICHAEL,
Address: 9821 WEDGEWOOD LN
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: HUFF, JEFF S.,
Address: 1229 LUCAS STREET
City-St-Zip: LEESBURG, FL

Title: STD () Delete
Name: GRAY, LINDA A
Address: 9821 WEDGEWOOD LN
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL GRAY

PSTD

04/27/2005

Electronic Signature of Signing Officer or Director

Date