

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90175 050 ****61.75

DOCUMENT # N23449

1. Entity Name
TREASURE COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 491600
LEESBURG, FL 34749 US**

Mailing Address
**P.O. BOX 491600
LEESBURG, FL 34749 US**

DO NOT WRITE IN THIS SPACE



04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3684577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRAY, MICHAEL
9821 WEDGEWOOD LANE
LEESBURG, FL 34788**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GRAY, MICHAEL 9821 WEDGEWOOD LN LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUFF, JEFF S. 1229 LUCAS STREET LEESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GRAY, LINDA A 9821 WEDGEWOOD LN LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 Michael Gray **Michael Gray**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 **(352) 787-1188**
Date Daytime Phone #