2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23449

FILED Apr 28, 2008 Secretary of State

Entity Nan	ne: TREASUR	E COVE HOMEOWNERS ASS	OCIATION, INC.	•	
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
P.O. BOX 491600 LEESBURG, FL 34749 US		1229 LUCAS STREET LEESBURG, FL 34748	US		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 4 LEESBURG	191600 3, FL 34749	US			
FEI Number:	59-3684577	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	New Registered Agent:	
LEESBURG	GEWOOD LAN 3, FL 34788 named entity su	ŪS	pose of changing its registered	office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			:	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD () [GRAY, MICHAEL 9821 WEDGEWO LEESBURG, FL	DOD LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [HUFF, JEFF S., 1229 LUCAS STI LEESBURG, FL	Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () I GRAY, LINDA A 9821 WEDGEWO LEESBURG, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 04/28/2008