2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25692

FILED Feb 27, 2005 Secretary of State

Entity Name: TREASURE COAST TRAVEL INDUSTRY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 3312 STUART, FL 34995

Current Mailing Address: New Mailing Address:

PO BOX 3312 STUART, FL 34995

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRAIN, BETTY R 50 KINDRED STREET SUITE 109 STUART, FL 34994

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HIRSCH, ELAINE HIRSCH, ELAINE Name: Name: Address:

1991 NE JENSEN BEACH BLVD. Address: 1991 NE JENSEN BEACH BLVD. City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957

Title: VD Title: CSD (X) Change () Addition () Delete ORTIZ, TERRI Name: ORTIZ, TERRI Name:

Address: 2151 SE OCEAN BLVD Address: 2151 SE OCEAN BLVD City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

Title: () Delete Title: PD (X) Change () Addition MAISONNEUVE, CYNTHIA MAISONNEUVE, CYNTHIA Name: Name: 1675 ST. LUCIE WEST BLVD. Address: Address: 1675 ST. LUCIE WEST BLVD City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986

() Delete (X) Change () Addition Title: CSD Title: SD Name: O'NEIL, KATHY Name: O'NEIL, KATHY

3210 NW FEDERAL HWY. 3210 NW FEDERAL HWY. Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957

Title: RSD () Delete Title: (X) Change () Addition

HULL, JACKIER VANCUREN, GENE L Name: Name:

2846 SW PORT ST. LUCIE BLVD. 50 SE KINDRED ST. STE #109 Address: Address:

City-St-Zip: PORT ST. LUCIE, FL 34455 City-St-Zip: STUART, FL 34994

Title: () Delete Title: () Change (X) Addition

HARTFIELD, MICHAEL Name: Name: Address: Address: 867 NW MOSSY OAK WAY JENSEN BEACH, FL 34957 City-St-Zip: 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: GENE L. VANCUREN Т 02/27/2005