2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N25692

Entity Name: TREASURE COAST TRAVEL INDUSTRY ASSOCIATION, INC.

Current Principal Place of Business:

50 SE KINDRED ST.
#109
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

PO BOX 3312
STUART, FL 34995

New Mailing Address:

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

Name and Address of Current Registered Agent:

VANCUREN, GENE L
50 KINDRED STREET SUITE 109
STUART, FL 34994 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: VPD ( ) Delete
Name: HIRSCH, ELAINE
Address: 1991 NE JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: CSD ( ) Delete
Name: BRAIN, BETTY
Address: 2082 SW RACQUET CLUB DR.
City-St-Zip: PALM CITY, FL 34990

Title: PD ( ) Delete
Name: ORTIZ, TERRI
Address: 11844 SE DIXIE HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: SD ( ) Delete
Name: RICHARTZ, DIANE
Address: 1991 NE JENSEN BEACH BLVD
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD ( ) Delete
Name: VANCUREN, GENE L
Address: 50 SE KINDRED ST. STE #109
City-St-Zip: STUART, FL 34994

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HIRSCH, ELAINE
Address: 1991 NE JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: CSD (X) Change ( ) Addition
Name: O'NEIL, KATHY
Address: 689 SE STREAMLET AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D (X) Change ( ) Addition
Name: ORTIZ, TERRI
Address: 11844 SE DIXIE HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: SD (X) Change ( ) Addition
Name: HULL, JACQUELINE
Address: 610 NW MARION AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

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

Title: VPD ( ) Change (X) Addition
Name: PADOVA, KATHY
Address: 7853 SE RIVER LANE
City-St-Zip: STUART, FL 34997

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: GENE L. VANCUREN TD 02/11/2009

Electronic Signature of Signing Officer or Director — Date