


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N25833 1. Entity Name TREASURE COAST CYCLING ASSOCIATION, INC.	
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Principal Place of Business WILLIAM P. CLIFTON 1907 SW AUTUMNWOOD WAY PALM CITY, FL 34990	Mailing Address 1907 SW AUTUMNWOOD WAY PALM CITY, FL 34990 US
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02142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0191899	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 CLIFTON, WILLIAM P T 1907 SW AUTUMNWOOD WAY PALM CITY, FL 34990
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

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	V WILSTERMANN, KIRK 2952 SW MARIPOSA CIRCLE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOINGS, JOHN 3889 SW ST LUCIE SHORES DRIVE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLIFTON, BILL 1907 SW AUTUMNWOOD WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURTH, STEVEN 2555 SW HOLLY DALE WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/27/07-80027-011 61.25

**DO NOT WRITE
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:

William P. Clifton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William P. Clifton 2/14/07 772-2213776