

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25833

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** TREASURE COAST CYCLING ASSOCIATION, INC.

**Current Principal Place of Business:**

2555 SW HOLLY DALE WAY  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

2952 SW MARIPOSA CIRCLE  
PALM CITY, FL 34990 US

**Current Mailing Address:**

2555 SW HOLLY DALE WAY  
PALM CITY, FL 34990 US

**New Mailing Address:**

P.O. BOX 2559  
STUART, FL 34995 US

**FEI Number:** 65-0191899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KURTH, STEVEN S/T  
2555 SW HOLLY DALE WAY  
PALM CITY, FL 34990 US

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

WILSTERMANN, KIRK V  
2952 SW MARIPOSA CIRCLE  
PALM CITY, FL 34990 US

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: KIRK WILSTERMANN

04/15/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: WILSTERMANN, KIRK V  
Address: 2952 SW MARIPOSA CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: P ( ) Delete  
Name: GOINGS, JOHN P  
Address: 3889 SW ST LUCIE SHORES DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete  
Name: KURTH, STEVEN T  
Address: 2555 SW HOLLY DALE WAY  
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete  
Name: KURTH, STEVEN S  
Address: 2555 SW HOLLY DALE WAY  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: KIRK WILSTERMANN

V

04/15/2008

Electronic Signature of Signing Officer or Director

Date