

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30747

FILED
Mar 07, 2006
Secretary of State

Entity Name: TREASURE COAST EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2221 SE OCEAN BLVD.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

2221 SE OCEAN BLVD.
181 SE HARBOR POINT DRIVE
STUART, FL 34996

New Mailing Address:

2221 SE OCEAN BLVD.
STUART, FL 34996

FEI Number: 65-0102297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENGLER, WALLACE
2221 SE OCEAN BLVD.
STUART, FL 34996 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: DP () Delete
Name: WALLACE, WENGLER
Address: 1825 S.E. TIFFANY AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: LOYOLA, RENE
Address: 1825 TIFFANY AVE
City-St-Zip: PORT ST. LUCIE, FL

Title: D () Delete
Name: LAZARUS, JEFFREY J
Address: 1825 SE TIFFANY AVENUE
City-St-Zip: PORT ST. LUCIE, FL

Title: D () Delete
Name: CARLSON, WILLIAM
Address: 1825 SE TIFANY AVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: RITTERSBACH, GEORGE
Address: 1825 SE TIFFANY AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: WALLACE, WENGLER
Address: 1825 S.E. TIFFANY AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952

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

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

Title: DP (X) Change () Addition
Name: CARLSON, WILLIAM
Address: 1825 SE TIFANY AVE
City-St-Zip: PORT ST. LUCIE, FL 34952

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WALLACE WENGLER MD

DVP

03/07/2006

Electronic Signature of Signing Officer or Director

Date