

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30747

FILED  
Apr 26, 2007  
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.  
STUART, FL 34996

**New Mailing Address:**

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

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

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

Title: D (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: D (X) Change ( ) Addition  
Name: RITTERSBACH, GEORGE  
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 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 E. WENGLER MD

D

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date