2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31600

1. Entity Name

TINGLER/TREASURE CANAL MAINTENANCE ASSOCIATION INC.



FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

19-A TREASURE RD MARATHON, FL 33050 19-A TREASURE RD MARATHON, FL 33050



DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ERRERA, STEVEN 19-A TREASURE RD MARATHON, FL 33050 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.				d Agent signature required when reinstating)		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERRERA, STEVEN 19-A TREASURE RD MARATHON, FL 33050					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALTER, DEBORAH 74 TINGLER LANE MARATHON, FL 33050				000000403713 02/06/06-80018-004 61.29	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTGOMERY, SYLVIA 65 TINGLER LANE MARATHON, FL 33050		DO NOT WRITE			
TITLE NAME STREET ADDRESS City-St-zip	TD SIEMON, LAURA 18 TREASURE RD MARATHON, FL 33050			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

STEVEN ERRERA

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