

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 18, 2004  
Secretary of State**

DOCUMENT# N48460

Entity Name: TREASURE TROVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3245 TREASURE TROVE LN.  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

24997 S. BAYSHORE DR.  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

2495 S. BAYSHORE DR.  
COCONUT GROVE, FL 33133 US

FEI Number: 64-5095681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARONOW, LILLIAN  
2495 SOUTH BAYSHORE DR  
MIAMI, FL 33133 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: PD ( ) Delete  
Name: MENDELSON, LISA  
Address: 3220 TREASURE TROVE LANE  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: TD ( ) Delete  
Name: BRILLEMBOURG, PAMELA  
Address: 3210 TREASURE TROVE LANE  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD ( ) Delete  
Name: PHILLIPS, ANA ROSE  
Address: 3245 TREASURE TROVE LANE  
City-St-Zip: COCONUT GROVE, FL 33133 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA BRILLEMBOURG

TD

02/18/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date