

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48460

FILED
Jan 14, 2009
Secretary of State

Entity Name: TREASURE TROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2495 TREASURE TROVE LANE
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

C/O LMM INC.
PO BOX 330971
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 64-5095681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVING MIAMI MANAGEMENT, INC.
2810 SHIPPING AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

LIVING MIAMI MANAGEMENT, INC.
2809 BIRD AVENUE
#1A
MIAMI, FL 33133 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: MELANIE ONDRUSKA

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KRAMER, ROBERT
Address: 3225 TREASURE TROVE LANE
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SEC () Delete
Name: SCHACHNER, SETH
Address: 3210 TREASURE TROVE LANE
City-St-Zip: COCONUT GROVE, FL 33133 US

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

Title: PRES () Delete
Name: MCCAMMON, KELLY
Address: 2495 TREASURE TROVE LANE
City-St-Zip: COCONUT GROVE,, FL 33133

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: MELANIE ONDRUSKA

MGR

01/14/2009

Electronic Signature of Signing Officer or Director

Date