

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham
		Secretary of State
		DIVISION OF CORPORATIONS

DOCUMENT # **N95000004092 (1)**

1. Corporation Name

TREASURE COAST CHAPTER OF THE FLORIDA STATE GUARDIANSHIP ASSOCIATION, INC.

Principal Place of Business

515 NO. FLAGLER DRIVE STE 1800
WEST PALM BEACH FL 33401

Mailing Address

515 NO. FLAGLER DRIVE STE 1800
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
08/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0611454

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNORS, MICHAEL W
515 NO. FLAGLER DRIVE STE 1800
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is not acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **COMISKEY, EILEEN**
STREET ADDRESS **POST OFFICE BOX 8246 N/A**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☒ DELETE
NAME **CROWLEY, MARYROSE SISTER**
STREET ADDRESS **POST OFFICE BOX 8246 N/A**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **TD** ☐ DELETE
NAME **ENRIGHT, GAYLE**
STREET ADDRESS **432 FERN STREET STE 200**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VD** ☒ DELETE
NAME **PERRY, RONALD C**
STREET ADDRESS **5730 CORPORATE WAY STE 214**
CITY-ST-ZIP **WEST PALM BEACH FL 33407-2032**

TITLE **SD** ☒ DELETE
NAME **SANFORD, SUSAN B**
STREET ADDRESS **14316 STIRRUP LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **D** ☒ DELETE
NAME **CRAMER, JOHN M**
STREET ADDRESS **5730 CORPORATE WAY STE 214**
CITY-ST-ZIP **WEST PALM BEACH FL 33407-2032**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD

Comiskey, Eileen

Post Office Box 8246 N/A

West Palm Beach, FL 33406

PD

Michael W. Connors

515 No. Flagler Dr., 18th Floor

West Palm Beach, FL 33401

VD

Mary Simione

14316 Stirrup Lane

West Palm Beach, FL 33414

SD

SD

SD

SD

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SD

SD

SD

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Connors, President

8/6/96

Date

561-832-5900

Daytime Phone #

CR2E037 (3/96)