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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

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

515 NO. FLAGLER DRIVE STE 1800  
WEST PALM BEACH FL 33401-4330



3. Date Incorporated or Qualified  
08/25/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number

65-0611454

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

TITLE PD  
NAME CONNORS, MICHAEL W  
STREET ADDRESS 515 NORTH FLAGLER DRIVE, 18TH FLOOR  
CITY - ST - ZIP WEST PALM BEACH FL 33401

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

TITLE VD  
NAME SIMONE, MARY  
STREET ADDRESS 14316 STIRRUP LANE  
CITY - ST - ZIP WEST PALM BEACH FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Simeone, Mary J.

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

Michael W. Connors

02/25/97 (560) 832-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032001

CP2E037 (9/96)