

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90071 018 ****61.25

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1. Entity Name
**TREASURE COVE PHASE III PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**8202 SE ROYAL STREET
HOBE SOUND, FL 33455 US**

Mailing Address

**8202 SE ROYAL STREET
HOBE SOUND, FL 33455 US**

40041609



DO NOT WRITE IN THIS SPACE

03122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0689743

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZANETTI, MICHAEL
8202 SE ROYAL STREET
HOBE SOUND, FL 33455**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D1V
NAME	CLAYTON, HOWARD
STREET ADDRESS	8321 SE ROYAL ST.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	DP
NAME	OLIVER, DAVID
STREET ADDRESS	8331 SE ROYAL STREET
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	DT
NAME	ZANETTI, MICHAEL
STREET ADDRESS	8202 SE ROYAL STREET
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	DP
NAME	THEODORE JONCZAK, JR.
STREET ADDRESS	8222 SE ROYAL ST
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #