

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000366

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** TREASURE COAST VOLLEYBALL, INC.

**Current Principal Place of Business:**

P. O. BOX 1706  
STUART, FL 34995 US

**New Principal Place of Business:**

3707 NW MEDETERANEAN LANE  
JENSEN BEACH, FL 34957 US

**Current Mailing Address:**

P. O. BOX 1706  
STUART, FL 34995 US

**New Mailing Address:**

**FEI Number:** 65-0725938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRIPP, PAUL  
3707 NW MEDETERANEAN LANE  
JENSEN BEACH, FL 34957 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:** D  
**Name:** JACOBS, RON  
**Address:** 5800 SW LONGSPUR LN  
**City-St-Zip:** PALM CITY, FL 34490

**Title:** T  
**Name:** TRIPP, PAUL  
**Address:** 3707 NW MEDETERANEAN LANE  
**City-St-Zip:** JENSEN BEACH, FL 34957

**Title:** A  
**Name:** TRIPP, PATTI  
**Address:** 5288 EAGLE LAKE DR  
**City-St-Zip:** JUPITER, FL 33418

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL M TRIPP

MR

04/30/2012

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

\_\_\_\_\_  
Date