

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90046 050 ****61.25

DOCUMENT # N98000000861

1. Entity Name

EXXONMOBIL TREASURE COAST RETIREES CLUB, INC.



Principal Place of Business

2221 SW STARLING DR
PALM CITY FL 34990
US

Mailing Address

2221 SW STARLING DR
C/O A.W. KEHLHEM
PALM CITY FL 34990
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0767297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEHLHEM, ARTHUR W
2221 SW STARLING DR
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

A.W. Kehlhem A.W. KEHLHEM President

2/19/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROZOWSKI, HENRY
1520 SMUGGLERS WAY
VERO BEACH FL 32963 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAHL, WILLIAM
12471 HARBOUR RIDGE BLVD.
PALM CITY, FL 34990 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KEHLHEM, ARTHUR W
2221 SW STARLING DR
PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FORREST, PEARL
636 SW LAKE CHARLES LANE
PORT ST. LUCIE, FL 34986 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HAMILTON, SNOW
338 E ERIE DRIVE-
FORT PIERCE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PASSELELL, ALYCE
1 PEARL BLVD
PORT BEACH, FL 34951 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHNERMAN, ARTHUR H
145 NE EDGEWATER DR #4207
STUART FL 34996 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCHNEIDERMAN, ARTHUR H.
145 NE EDGEWATER DRIVE #4207
STUART, FL 34996 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BETSCH, JOAN
313 NW ALANA AVENUE
PORT SAINT LUCIE FL 34986 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLY, LOIS J.
4638 SE COPPERWOOD TERRACE
STUART, FL 34997 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SMITHERS, HENRY
5207 SE SEA ISLAND WAY
STUART FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I 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 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:

A.W. Kehlhem A.W. KEHLHEM President

2/19/04

781-3980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #