

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90299 029 ****61.25

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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

1st MOORE

CR2E037 (10/04)

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

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

7. Name and Address of New Registered Agent

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

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, 2005**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAHL, WILLIAM	
STREET ADDRESS	12741 HARBOUR RIVER BLVD.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	P	<input type="checkbox"/> Delete
NAME	KEHLHEM, ARTHUR W	
STREET ADDRESS	2221 SW STARLING DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAMILTON, SNOW	
STREET ADDRESS	338 E ERIE DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORREST, PETE	
STREET ADDRESS	636 SW LAKE CHARLES CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PASSERELLE, ALYCE	
STREET ADDRESS	1 FERN CIRCLE	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	I	<input type="checkbox"/> Delete
NAME	SMITHERS, HENRY	
STREET ADDRESS	5207 SE SEA ISLAND WAY	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHL, William	
STREET ADDRESS	12741 HARBOUR RIVER BLVD.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEHL, LOIS	
STREET ADDRESS	4688 SE CORALWOOD TERRACE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELINSKY, EDWARD	
STREET ADDRESS	825 NW SORRENTO LANE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLERAN, JACK	
STREET ADDRESS	128 MYSTIC LANE	
CITY-ST-ZIP	STUART, FL 34958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Arthur W. Kehlhem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2005
Date

772-181-3486
Daytime Phone #