

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90454 047 ****61.25

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1. Entity Name
**TREASURE COAST HOUSING OPPORTUNITIES
CORPORATION**



Principal Place of Business

**707 N 7 STREET
FT PIERCE, FL 34950**

Mailing Address

**707 N 7 STREET
FT PIERCE, FL 34950**

50015378



02172006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3693611

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROOKS, GLAISTER A
707 N 7 STREET
FT PIERCE, FL 34950**

**DO NOT WRITE
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, THERESA 2901B AVE F FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRENNER, HARRIETT 1630 SEAWAY DR #307 FT PIERCE, FL 34948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, GLAISTER A 2050 OLEANDER BLVD., #6-106 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, NANCY 6017 NW WINFIELD DR PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 #