



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90202 034 ****61.25

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|--|---|---|--|--|--|
| DOCUMENT # N99000004484 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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 03302007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 22-3693611 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BROOKS, GLAISTER A 707 N 7 STREET FT PIERCE, FL 34950 | | | 7. Name and Address of New Registered Agent Name Carrie Ross Street Address (P.O. Box Number is Not Acceptable) 707 N 7th Street City Fort Pierce FL Zip Code 34950 | | |
| 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <u><i>Carrie Ross</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> CARRIE ROSS INTERIM EXECUTIVE DIRECTOR </div> <div style="width: 30%; text-align: right;"> <u>3-30-07</u> <small>DATE</small> </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | T CARTER, THERESA 2901B AVE F FT PIERCE, FL 34950 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Green, Cassandra 1604 N 44th Street Fort Pierce, FL 34947 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BRENNER, HARRIETT 1630 SEAWAY DR #307 FT PIERCE, FL 34948 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Richardson, Willie 3800 41st Street Vero Beach, FL 32962 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BROOKS, GLAISTER A 2050 OLEANDER BLVD., #6-106 FORT PIERCE, FL 34950 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Lemberg, Jeff 920 Sandpiper Lane Vero Beach, FL 32963-5209 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JOHNSON, NANCY 6017 NW WINFIELD DR PORT SAINT LUCIE, FL 34986 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Nelson, Carolyn 634 24th DT SE Vero Beach, FL 32962 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Cassandra Green</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> <div> <u>4-3-07</u> <small>Date</small> </div> <div> <u>461-0772</u> <small>Daytime Phone #</small> </div> </div> | | |