

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004484

FILED
May 01, 2009
Secretary of State

Entity Name: TREASURE COAST HOUSING OPPORTUNITIES CORPORATION

Current Principal Place of Business:

707 N 7 STREET
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

707 N 7 STREET
FT PIERCE, FL 34950

New Mailing Address:

634 24TH STREET SW
VERO BEACH, FL 32962

FEI Number: 22-3693611 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, CAROLYN
707 N. 7TH STREET
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

NELSON, CAROLYN
634 24TH STREET SW
VERO BEACH, FL 32962 US

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: CAROLYN THORNTON NELSON

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICHARDSON, WILLIE
Address: 3800 41ST ST
City-St-Zip: VERO BEACH, FL 32967

Title: VP () Delete
Name: HAWKINS, ANDRE
Address: 1136 SW GREENBRIAR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S () Delete
Name: SAUNDERS, RUNA
Address: 2408 NEWPORT DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: SMITH, MICHAEL
Address: 3623 COUNTRY LANE
City-St-Zip: LAKE LAND, FL 338110

Title: D () Delete
Name: MAZELLA, SMITH
Address: 1811 E. SANDERLING LANE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLYN THORNTON NELSON

ED

05/01/2009

Electronic Signature of Signing Officer or Director

Date