

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000055842**

1. Entity Name  
TREASURE KEY RESORT, INC.



Principal Place of Business  
20 N EOLA DR  
ORLANDO, FL 32801

Mailing Address  
20 N EOLA DR  
ORLANDO, FL 32801



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3522268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HARDING, ROBERT L  
20 N. EOLA DR.  
ORLANDO, FL 32801

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MATZEL, BRUCE
STREET ADDRESS	41 OAKES ROAD
CITY- ST- ZIP	RUMSON, NJ 07760

TITLE	D
NAME	MATZEL, GERI
STREET ADDRESS	41 OAKES ROAD
CITY- ST- ZIP	RUMSON, NJ 07760

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000454462  
03/15/06-80016-017 150.00

**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 607, 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:** Geri Matzel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 732.450-8301  
Date Daytime Phone #