

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718172

Entity Name: TREASURE COAST BUILDERS ASSOCIATION, INC.**Current Principal Place of Business:**6560 SOUTH FEDERAL HWY
PORT ST LUCIE, FL 34952**Current Mailing Address:**6560 SOUTH FEDERAL HWY
PORT ST LUCIE, FL 34952**FEI Number: 59-1535209****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, MADELYN RS
6560 SOUTH FEDERAL HWY
PORT ST LUCIE, FL 34952 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PPD
Name	CIARAVINO, JOE
Address	701 S OLIVE ST STE 104
City-State-Zip:	WEST PALM BEACH FL 33401

Title	PD
Name	CENK, ROBERT
Address	759 S FEDERAL HWY
City-State-Zip:	STUART FL 34994

Title	VD
Name	MCCRACKEN, P SCOTT
Address	2312 VERO BEACH AVE
City-State-Zip:	VERO BEACH FL 32960

Title	VD
Name	CAMPION, JON
Address	197 SE MONTEREY RD
City-State-Zip:	STUART FL 34994

Title	TD
Name	KIRCHMAN II, RONALD
Address	2597 SE DELMAR ST
City-State-Zip:	STUART FL 34997

Title	SD
Name	LUDLUM, JR, ROBERT
Address	1651 SW SOUTH MACEDO BLVD
City-State-Zip:	PORT ST LUCIE FL 34984

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CENK**PRESIDENT****01/07/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date