

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718172

**Entity Name:** TREASURE COAST BUILDERS ASSOCIATION, INC.**Current Principal Place of Business:**6560 SOUTH US HWY 1  
PORT ST LUCIE, FL 34952**Current Mailing Address:**6560 SOUTH US HWY 1  
PORT ST LUCIE, FL 34952 US**FEI Number:** 59-1535209**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, MADELYN RS  
6560 SOUTH US HWY 1  
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 LIFE DIRECTOR  
Name KIRCHMAN II, RONALD E  
Address 1241 SE INDIAN ST  
#108  
City-State-Zip: STUART FL 34994

Title LIFE DIRECTOR  
Name BRAUN, JEFF  
Address 747 SW SOUTH MACEDO BLVD  
City-State-Zip: PORT ST LUCIE FL 34983

Title LIFE DIRECTOR  
Name RINGE, KENNETH  
Address 4826 SE RAILWAY AVE  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name HUFF, MARI  
Address 759 SW FEDERAL HIGHWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

Title LIFE DIRECTOR  
Name BOWERS, JEFFERY  
Address 410 COLORADO AVENUE  
City-State-Zip: STUART FL 34994

Title LIFE DIRECTOR  
Name HALL, CINDY  
Address 1069 NE CRESCENT AVE  
City-State-Zip: JENSEN BEACH FL 34957

Title LIFE DIRECTOR  
Name SORENSON, CHRIS  
Address 45 SW SEMINOLE ST  
City-State-Zip: STUART FL 34994

Title LIFE DIRECTOR  
Name JOHNSTON, MICHAEL  
Address 4370 SW CHEROKEE STREET  
City-State-Zip: PALM CITY FL 34990

**Continues on page 2**

*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:** NIKI NORTON**PRESIDENT****03/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                            |
|-----------------|----------------------------|
| Title           | LIFE DIRECTOR              |
| Name            | CENK, ROBERT               |
| Address         | 2162 NW RESERVE PARK TRACE |
| City-State-Zip: | PORT ST LUCIE FL 34986     |

  

|                 |                      |
|-----------------|----------------------|
| Title           | LIFE DIRECTOR        |
| Name            | DITTMAR, WENDY       |
| Address         | 3315 OLEANDER AVE    |
| City-State-Zip: | FORT PIERCE FL 34982 |

  

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | JOHNSON, KELLY      |
| Address         | 2041 E. OCEAN BLVD. |
| City-State-Zip: | STUART FL 34996     |

  

|                 |                          |
|-----------------|--------------------------|
| Title           | IMMEDIATE PAST PRESIDENT |
| Name            | HJALMEBY, SAM            |
| Address         | 859 16TH PLACE           |
| City-State-Zip: | VERO BEACH FL 32960      |

  

|                 |                        |
|-----------------|------------------------|
| Title           | 2ND VICE PRESIDENT     |
| Name            | ROMANO, CHRISTY        |
| Address         | 561 SW BILTMORE        |
| City-State-Zip: | PORT ST LUCIE FL 34983 |

  

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | SECRETARY                            |
| Name            | BARHAM, CATHY                        |
| Address         | 3727 S. EAST OCEAN BLVD<br>SUITE 100 |
| City-State-Zip: | STUART FL 34996                      |

  

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | TARABA, CHRIS            |
| Address         | 1545 CENTERPARK DRIVE N  |
| City-State-Zip: | WEST PALM BEACH FL 33401 |

  

|                 |                                  |
|-----------------|----------------------------------|
| Title           | DIRECTOR                         |
| Name            | CRISTOFORO, MICHAEL              |
| Address         | 759 SW FEDERAL HIGHWAY SUITE 106 |
| City-State-Zip: | STURAT FL 34994                  |

  

|                 |                           |
|-----------------|---------------------------|
| Title           | DIRECTOR                  |
| Name            | GROZA, TONY               |
| Address         | 511 SW PORT ST LUCIE BLVD |
| City-State-Zip: | PORT ST LUCIE FL 34953    |

  

|                 |                               |
|-----------------|-------------------------------|
| Title           | DIRECTOR                      |
| Name            | OGILVIE, ADAM                 |
| Address         | 401 SEBASTIAN BLVD<br>SUITE A |
| City-State-Zip: | SEBASTIAN FL 32958            |

  

|       |          |
|-------|----------|
| Title | DIRECTOR |
|-------|----------|

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | CALHOUN, BOB         |
| Address         | 702 SOUTH 6TH ST     |
| City-State-Zip: | FORT PIERCE FL 34950 |

  

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | IMMEDIATE PAST 2ND VICE<br>PRESIDENT |
| Name            | KINGSTON, DONALD                     |
| Address         | 3150 SW 42ND AVE                     |
| City-State-Zip: | PALM CITY FL 34990                   |

  

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | DIRECTOR                              |
| Name            | DIBELLA, ROBERT                       |
| Address         | 1301 W. EAU GALLIE BLVD.<br>SUITE 106 |
| City-State-Zip: | MELBOURNE FL 32935                    |

  

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | BRANN, JIM           |
| Address         | 705 N 39TH ST        |
| City-State-Zip: | FORT PIERCE FL 34947 |

  

|                 |                                |
|-----------------|--------------------------------|
| Title           | PRESIDENT                      |
| Name            | NORTON, NIKI                   |
| Address         | 2081 SE OCEAN BLVD<br>SUITE 1A |
| City-State-Zip: | STUART FL 34996                |

  

|                 |                              |
|-----------------|------------------------------|
| Title           | TREASURER                    |
| Name            | HANSEN, RYAN                 |
| Address         | 5473 SE ORANGE BLOSSOM TRAIL |
| City-State-Zip: | HOBE SOUND FL 33455          |

  

|                 |                          |
|-----------------|--------------------------|
| Title           | 1ST VICE PRESIDENT       |
| Name            | CIARAVINO, JOE           |
| Address         | 751 SW SOUTH MADEDO BLVD |
| City-State-Zip: | PORT ST LUCIE FL 34983   |

  

|                 |                        |
|-----------------|------------------------|
| Title           | LIFE DIRECTOR          |
| Name            | FERSCHKE, RON          |
| Address         | 4826 SE RAILWAY AVENUE |
| City-State-Zip: | STUART FL 34997        |

  

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | KNUTSON, TIM           |
| Address         | 561 NW MERCANTILE PL   |
| City-State-Zip: | PORT ST LUCIE FL 34986 |

  

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | SLAYTON-MARTINEZ, ALEXANDRA |
| Address         | 7763 SW ELLIPSE WAY         |
| City-State-Zip: | STUART FL 34997             |

  

|       |               |
|-------|---------------|
| Title | LIFE DIRECTOR |
| Name  | ROGERS, LLOYD |

Name           TESCH, PETE  
Address       P.O. BOX 881358  
                BLDG S, STE 103  
City-State-Zip: PORT ST LUCIE FL 34988  
  
Title           DIRECTOR  
Name          HUFF, RYAN  
Address       10975 SE FEDERAL HIGHWAY  
City-State-Zip: HOBE SOUND FL 33455

Address       1299 SW 34TH STREET  
City-State-Zip: PALM CITY FL 34990  
  
Title          LIFE DIRECTOR  
Name          MCCRACKEN, PHILLIP SCOTT  
Address       966 29TH ST  
City-State-Zip: VERO BEACH FL 32960