

2014 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 IMMEDIATE PAST PRESIDENT
Name CENK, ROBERT
Address P O BOX 881567
City-State-Zip: PORT ST LUCIE FL 34988

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

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

Title SECOND VICE PRESIDENT
Name LUDLUM, JR, ROBERT
Address 1651 SW SOUTH MACEDO BVD
City-State-Zip: PORT ST LUCIE FL 34984

Title TREASURER
Name SCALES, DUKE
Address 80 ROYAL PALM POINTE
STE 402
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY
Name GLYNN, MICHAEL
Address 8601 SW SEA CAPTAIN DR
City-State-Zip: STUART FL 34997

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: P SCOTT MCCracken

PRESIDENT

01/21/2014

Electronic Signature of Signing Officer/Director Detail_____
Date