

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728528

Entity Name: TREASURE BEACH PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**212 MAJORCA ROAD
ST. AUGUSTINE, FL 32080**Current Mailing Address:**P.O. BOX 840122
ST. AUGUSTINE, FL 32080 US**FEI Number: 23-7422286****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTS, KRISTINE A
212 MAJORCA ROAD
ST AUGUSTINE, FL 32080 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:** KRISTINE A ROBERTS**04/02/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MARTIN, DOUGLAS
Address	253 TREASURE BEACH ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	TREASURER
Name	ROBERTS, KRISTINE A
Address	212 MAJORCA ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	SECOND VICE PRESIDENT
Name	BRYNDA, CUMMINGS MRS.
Address	284 PIZARRO ROAD
City-State-Zip:	ST AUGUSTINE FL 32080

Title	RECORDING SECRETARY
Name	STOCKDALE, CAROL
Address	261 TREASURE BEACH ROAD
City-State-Zip:	ST AUGUSTINE FL 32080

Title	THIRD VICE PRESIDENT
Name	ABBOTT, STEVEN
Address	211 MAJORCA ROAD
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	CORRESPONDING SECRETARY
Name	ROBERTS, KRISTINE A
Address	212 MAJORCA ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32080

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: KRISTINE A ROBERTS**TREASURER****04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date