## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008538

Entity Name: YACHT CLUB AT TREASURE COVE HOMEOWNER'S

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O PREMIER ASSOCIATION SERVICES 2707 TREASURE COVE CIR

DANIA BEACH, FL 33312

**Current Mailing Address:** 

C/O PREMIER ASSOCIATION SERVICES 10112 USA TODAY WAY MIRMAR, FL 33025

FEI Number: 34-1977294 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS, KRISTY 34990 EMERALD COAST PARKWAY 394 DESTIN, FL 32541 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: KRISTY PHILLIPS 04/24/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 TREASURER

 Name
 MOSER, DAVID
 Name
 JONES, JODY

Address C/O PREMIER ASSOCIATION Address C/O PREMIER ASSOCIATION

SERVICES SERVICES

10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRMAR FL 33025 City-State-Zip: MIRMAR FL 33025

Title VP Title DIRECTOR

Name GARCIA, GREGORY Name BIVONA, COSIMO

Address C/O PREMIER ASSOCIATION Address C/O PREMIER ASSOCIATION

SERVICES SERVICES 10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRMAR FL 33025 City-State-Zip: MIRMAR FL 33025

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 KIRCHGRABER, ROBERT
 Name
 MORIN, ELAINE

Address C/O PREMIER ASSOCIATION Address C/O PREMIER ASSOCIATION

SERVICES SERVICES

10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRMAR FL 33025 City-State-Zip: MIRMAR FL 33025

Title DIRECTOR

Name PLASENCIA , HECTOR

Address C/O PREMIER ASSOCIATION

**SERVICES** 

10112 USA TODAY WAY

City-State-Zip: MIRMAR FL 33025

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: DAVID MOSER PRESIDENT 04/24/2025

FILED
Apr 24, 2025
Secretary of State
9460074545CC