

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008538

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**1117726050CC**

**Entity Name:** YACHT CLUB AT TREASURE COVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2756 TREASURE COVE CIRCLE  
DANIA BEACH, FL 33312

**Current Mailing Address:**

19925 NE 10TH PLACE WAY  
MIAMI, FL 33179 US

**FEI Number: 34-1977294**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

USA MANAGEMENT  
19925 NE 10TH PLACE  
MIAMI, FL 33179 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: PAUL SHAPIRO

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MOSER, DAVID  
Address 2764 TREASURE COVE CIRCLE  
City-State-Zip: MIAMI FL 33312

Title SECRETARY  
Name FEREGRINO, DANIEL D.  
Address 2768 TREASURE COVE CIRCLE  
City-State-Zip: COOPER CITY FL 33312

Title PRESIDENT  
Name PLASENCIA, HECTOR  
Address 2756 TREASURE COVE CIRCLE  
City-State-Zip: DANIA BEACH FL 33312

Title TREASURER  
Name NOWAK, GARY  
Address 2730 TREASURE COVE CIRCLE  
City-State-Zip: COOPER CITY FL 33312

Title DIRECTOR  
Name MORIN, ELAINE  
Address 2738 TREASURE COVE CICLE  
City-State-Zip: COOPE CITY FL 33312

Title VICE PRESIDENT  
Name BARTLETT, MARK  
Address 2726 TRESURE COVE CIRCLE  
City-State-Zip: COOPER CITY FL 33312

Title DIRECTOR  
Name FLORES, EDUARDO  
Address 2748 TREASURE COVE CIRCLE  
City-State-Zip: COOPER CITY FL 33312

Title DIRECTOR  
Name WILLIAMSON, ROSANA  
Address 2706 TREASURE COVE CIRCLE  
City-State-Zip: COOPER CITY FL 33312

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*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: HECTOR PLASENCIA

PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KIRCHGRABER, ROBERT  
Address        2725 TREASURE COVE CIRCLE  
City-State-Zip: COOPER CITY FL 33312