

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03400

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**5416949489CC**

**Entity Name:** TREASURE COVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3600 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

P.O. BOX 18637  
PANAMA CITY BEACH, FL 32417

**FEI Number:** 59-2424135

**Certificate of Status Desired:** No

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

WILLIAMS, JACK G  
502 HARMON AVENUE  
PANAMA CITY, FL 32401 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            SECRETARY  
Name            MCCOLLUM, JOE  
Address        602 PICK AVE  
City-State-Zip: ALBANY GA 31705

Title            PRESIDENT  
Name            BURHAM, JUDY  
Address        150 OLD ALBANY ROAD  
City-State-Zip: MOULTRIE GA 31768

Title            TREASURER  
Name            WHITE, JERRY  
Address        244 DANBURY LANE  
City-State-Zip: ALBANY GA 31721

Title            DIRECTOR  
Name            KELLEY, MATT  
Address        1503 14TH COURT  
City-State-Zip: LYNN HAVEN FL 32444

*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:** JUDY BURHAM

**PRESIDENT**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date