

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000007310

**Entity Name:** TREASURE TROVE ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED  
Dec 09, 2022  
Secretary of State  
5275913781CC**

**Current Principal Place of Business:**

2827 JOAN AVE SUITE B  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

2827 JOAN AVE SUITE B  
PANAMA CITY BEACH, FL 32408 US

**FEI Number: 47-1590568**

**Certificate of Status Desired: No**

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

BURG MANAGMENT  
2827 JOAN AVE SUITE B  
PANAMA CITY BEACH, FL 32408 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: ROY BARKER**

**12/09/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SCHLAUDRAFF, ROBERT  
Address 65 KREWE CIRCLE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title PRESIDENT  
Name DAVIS, JEFFREY  
Address 78 KREWE CIRCLE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP  
Name BAEZA, ALBERT  
Address 624 LAS ROBLAS GRANDE DR  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title TREASURER  
Name REID, SAMANTHA  
Address 587 LAS ROBLAS GRANDE DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name BARKER, ROY  
Address 590 LAS ROBLAS GRANDE DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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: SAMANTHA REID**

**TREASURER**

**12/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date