

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

DOCUMENT# N06000012855

**Entity Name:** TREASURE COAST BUSINESS PARK PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 23, 2021**  
**Secretary of State**  
**3361107184CC**

**Current Principal Place of Business:**

150 2ND AVE. N.  
SUITE 1770  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

PO BOX 512  
ZEPHYR COVE, NV 89448 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

FEE, FRANK H III  
426 AVENUE A  
FT. PIERCE, FL 34950 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           DIRECTOR, PRESIDENT  
Name           WICK, MICHAEL  
Address        PO BOX 512  
City-State-Zip: ZEPHYR COVE NV 89448

Title           DIRECTOR  
Name           GAFFNEY, THOMAS F  
Address        150 2ND AVE. N.  
                  SUITE 1770  
City-State-Zip: ST. PETERSBURG FL 33701

Title           DIRECTOR  
Name           WILKES, RICHARD  
Address        150 2ND AVE. N.  
                  SUITE 1770  
City-State-Zip: ST. PETERSBURG FL 33701

*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: MICHAEL WICK**

**PRESIDENT**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date