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NONPROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746076 (9)

1. Corporation Name

TREASURE ISLAND POINTS WEST APARTMENTS CONDOMINI UM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12000 CAPRI CIR S TREASURE ISLAND FL 33706 US	PO BOX 86304 MADEIRA BEACH FL 33738 US

3. Date Incorporated or Qualified	3a. Date of Last Report
02/26/1979	01/23/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 250 104th Avenue	59-2335470	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Treasure Island, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 33706	Country 30 US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AHIGIAN, MACY 539 JOHNS PASS AVE MADEIRA BCH FL 33708	81 Name SUE LAMONT Lamont Management 82 Street Address (P.O. Box Number Is Not Acceptable) 250 104th Ave #. 83 84 City Treasure Island FL 85 Zip Code 33706

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _Sue Lamont_ 2-29-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☒DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	HAFERKAMP, CARL		1 2 NAME	
STREET ADDRESS	12000 CAPRI CIR, SO		1 3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND, FL00000		1 4 CITY-ST-ZIP	
TITLE	SD	☒DELETE	2 1 TITLE VD	☐ Change ☒Addition
NAME	AHIGIAN, BARBARA		2 2 NAME Barbee, Marlay	
STREET ADDRESS	539 JOHNS PASS AVE		2 3 STREET ADDRESS 12000 Capri Circle S. #19	
CITY-ST-ZIP	MADEIRA BEACH FL		2 4 CITY-ST-ZIP Treasure	
TITLE	PD	☒DELETE	3 1 TITLE D	☐ Change ☒Addition
NAME	AHIGIAN, MACY		3 2 NAME Stewart, Max	
STREET ADDRESS	539 JOHNS PASS AVE		3 3 STREET ADDRESS R.R. #1 Site 2 Box 11	
CITY-ST-ZIP	MADEIRA BCH, FL 00000		3 4 CITY-ST-ZIP Brechin, Ont., Canada LOK 1BO	
TITLE	TD	☐DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DANISE		4 2 NAME	
STREET ADDRESS	12375 6TH ST E		4 3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL		4 4 CITY-ST-ZIP	
TITLE	D	☐DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME	LESTER, BETSY		5 2 NAME	
STREET ADDRESS	12000 CAPRI CR SO		5 3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL		5 4 CITY-ST-ZIP	
TITLE		☐DELETE	6 1 TITLE PD	☐ Change ☒ Addition
NAME			6 2 NAME Ferrara, Judy	
STREET ADDRESS			6 3 STREET ADDRESS 12000 Capri Circle #25	
CITY-ST-ZIP			6 4 CITY-ST-ZIP Treasure Island FL 33706	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _Judy Ferrara_ Judy Ferrara 2/14/96 813 360 3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #