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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 746076 (9)

1. Corporation Name
TREASURE ISLAND POINTS WEST APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
12000 CAPRI CIR S TREASURE ISLAND FL 33706 US
250 104TH AVENUE TREASURE ISLAND FL 33706-4846 US

3. Date Incorporated or Qualified 02/26/1979
3a. Date of Last Report 03/06/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMONT MANAGEMENT
LAMONT, SUE
250 104TH AVENUE
TREASURE ISLAND FL 33706

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MAX	1.2 NAME	
STREET ADDRESS	RR 1 SITE 2 BOX 11	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRECHIN ON	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DANISE	2.2 NAME	SD ANDERSON, ROY
STREET ADDRESS	12375 6TH ST E	2.3 STREET ADDRESS	7928 W. 118th St.
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP	OVERLAND PARK, KS 66210
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, BETSY	3.2 NAME	
STREET ADDRESS	12000 CAPRI CR SO	3.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARA, JUDY	4.2 NAME	
STREET ADDRESS	12000 CAPRI CIR SO. #25	4.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BARBEE, MARLAY
STREET ADDRESS		5.3 STREET ADDRESS	12000 Capri Circle S. #19
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Treasure Island, FL 33706
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ 11/1/97 310 3611

CR2E037 (9/96)