FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746076

(9)

TREASURE ISLAND POINTS WEST APARTMENTS CONDOMINI UM ASSOCIATION, INC.

UM ASSOCIATION, INC.									
Principal Place of Business M				Malling Address			4 INDIVI JABUL BIBNE BINK BANK JOHN BINK BINK DIBN BIRK BIRK BIRK BIRK BIRK BIRK BIRK BIRK		
12000 CAPRI CIR S TREASURE ISLAND FL 33706 US			TREAS	250 104TH AVENUE TREASURE ISLAND FL 33706 US			3. Date Incorporated or Qualified 02/26/1979		
]			•				4. FEI Number Applied For		
							59-2335470 Not Applicate		
2. Principal Place of Business				2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional Fee Regulard		
Suite, Apt. #, etc.			27 Su	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Stat	е		28 Ci	City & State			7. Is this nonprofit corporation a homeowners association? ✓ Yes □ No		
Zip 24		Country Zip Ci			Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
						31 1	Name		
LAMONT MANAGEMENT					- -	2 5	treet Address (P.O. Box Number is Not Acceptable)		
LAMONT, SUE						~ `	Office Fractions (1.0. Dox Hambor to Hot Proceptable)		
250 104TH AVENUE 83									
TREASURE ISLAND FL 33706					ε	4 (City 85 Zip Code		
						丄	FL S 25 COCC		
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
""LE	CTEMARY MAY				1.1 TITL		CI Citaige CI Audilli		

STEWART, MAX 12 NAME STREET ADDRESS RR 1 SITE 2 BOX 11 1.3 STREET ADDRESS **BRECHIN ON** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ANDERSON, ROY NAME 2.2 NAME 7928 W 118TH ST STREET ADDRESS 2.3 STREET ADDRESS OVERLAND PARK KS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change LESTER, BETSY ZIPPRICH, GENE 12000 CAPRI CIRCLE 5. #14 3.2 NAME NAME 12000 CAPRI CR SO STREET ADDRESS 3.3 STREET ADDRESS TREASURE ISLAND FL *3*3706 CITY-S1-ZIP 3.4. CITY-ST-ZIP TREASURE ISLAND DELETE Change ___ Addition 4.1 TITLE TITLE FERRARA, JUDY 4.2 NAME NAME 12000 CAPRI CIR SO. #25 4.3 STREET ADORESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE BARBEE, MARLAY 5.2 NAME 12000 CAPRI CIRCLE S #19 STREET ADDRESS 5.3 STREET ADDRESS TREASURE ISLAND FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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:

COMPANDALLA CHEROGENICO T 2 IPPRICH 1/6/98 PRES.

CR2E037 (10/97)

FILED

Mar 23 1998 8:00am

Secretary of State