

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90008 005 ****61.25

0052712

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746076

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

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/26/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2335470
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
**LAMONT MANAGEMENT
 LAMONT, SUE
 250 104TH AVENUE
 TREASURE ISLAND FL 33706**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MAX	1.2 NAME	STEWART, MAX
STREET ADDRESS	RR 1 SITE 2 BOX 11	1.3 STREET ADDRESS	RR 1 SITE 2 BOX 11
CITY-ST-ZIP	BRECHIN ON	1.4 CITY-ST-ZIP	BRECHIN, ONT, CANADA LOK 1B0
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROY	2.2 NAME	ANDERSON, ROY
STREET ADDRESS	7928 W 118TH ST	2.3 STREET ADDRESS	7928 W 118th STREET
CITY-ST-ZIP	OVERLAND PARK KS	2.4 CITY-ST-ZIP	OVERLAND PARK, KS 66210
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIPPRICH, GENE	3.2 NAME	ZIPPRICH, GENE
STREET ADDRESS	12000 CAPRI CIRCLE S, #14	3.3 STREET ADDRESS	12000 CAPRI CIRCLE S #14
CITY-ST-ZIP	TREASURE ISLAND FL 33706	3.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRARA, JUDY	4.2 NAME	ANDERSON, DONNA
STREET ADDRESS	12000 CAPRI CIR SO. #25	4.3 STREET ADDRESS	7928 W 118th STREET
CITY-ST-ZIP	TREASURE ISLAND FL 33706	4.4 CITY-ST-ZIP	OVERLAND PARK, KS 66210
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBEE, MARLAY	5.2 NAME	BARBEE, CHARLES
STREET ADDRESS	12000 CAPRI CIRCLE S #19	5.3 STREET ADDRESS	12000 CAPRI CIRCLE S #19
CITY-ST-ZIP	TREASURE ISLAND FL	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 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, with all other like empowered.

SIGNATURE: *Eugene Zipprich* 3/23/99 727-360-3644
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)