

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90072 021 ****61.25

DOCUMENT # 746076

1. Entity Name

TREASURE ISLAND POINTS WEST APARTMENTS CONDOMINI

Principal Place of Business

Mailing Address

12000 CAPRI CIR S
 TREASURE ISLAND FL 33706
 US

250 104TH AVENUE
 TREASURE ISLAND FL 33706-4846
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2335470

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	STEWART, MAX	
STREET ADDRESS	RR 1 SITE 2 BOX 11	
CITY-ST-ZIP	BRECHIN ON	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, ROY	
STREET ADDRESS	7928 W 118TH ST	
CITY-ST-ZIP	OVERLAND PARK KS 66210	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZIPPRICH, GENE	
STREET ADDRESS	12000 CAPRI CIRCLE S, #14	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, DONNA	
STREET ADDRESS	7928 W 118TH ST	
CITY-ST-ZIP	OVERLAND PARK KS 66210	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBEE, CHARLES	
STREET ADDRESS	12000 CAPRI CIRCLE S #19	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roy Anderson* **ROY ANDERSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

727-360-3644

Daytime Phone #

CR2E037 (9/99)