

FILE NOW: FILING FEE AFTER 4-17-95 8-3190 XC
1 IS \$155.00

APPROVED AND FILED

95 APR 17 PM 4:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLOIDA DEPARTMENT OF STATE
 Sandra B. Northern
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N06190 (5)**
 1. Corporation Name
TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
9901 1ST STREET EAST UNIT E TREASURE ISLAND FL 33706 US
15 PLANTATION ROAD PO BOX 505 BROAD BROOK CT 06016 US

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **3129-49th St. No.**
 22 City & State 27 **ST. PETERSBURG, FL**
 23 Zip Country 28 **33710 45**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **11/15/1984** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-2476122** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HEISTAND, PAUL K.
 221 SECOND AVENUE NORTH
 P.O. BOX 120
 ST. PETERSBURG FL 33731**

10. Name and Address of New Registered Agent
 81 Name **RICHARD F. WASILIK**
 82 Street Address (P.O. Box Number is Not Acceptable) **3129-49th St. No.**
 83
 84 City **ST. PETERSBURG FL** 85 Zip Code **33710**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
 SIGNATURE *Richard F. Wasilik* DATE **3/30/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYETTE, WILLIAM F.	12 NAME	
STREET ADDRESS	15 PLANTATION ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	BROAD BROOK CT	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAKIM, GEORGE E.	22 NAME	
STREET ADDRESS	5128 SIGNAL HILL ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYATT, GARY R.	32 NAME	
STREET ADDRESS	1634 BRANNAN ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	MCDONOUGH GA	34 CITY - ST - ZIP	
TITLE	P	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, CATHERINE	42 NAME	
STREET ADDRESS	9901 1 STREET EAST UNIT D	43 STREET ADDRESS	
CITY - ST - ZIP	TREASURE ISLAND FL	44 CITY - ST - ZIP	
TITLE	TVP	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYETTE, MARJORIE A.	52 NAME	
STREET ADDRESS	15 PLANTATION ROAD	53 STREET ADDRESS	
CITY - ST - ZIP	BROAD BROOK CT	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(2)(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 changing, or on an attachment with an address.

SIGNATURE: *Catherine Carey* DATE: **9/3/96 (813) 522-7368**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)