

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N06190** (5)

1. Corporation Name  
**TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**9901 1ST STREET EAST  
UNIT E  
TREASURE ISLAND FL 33706  
US**

Mailing Address  
**3129 - 49TH ST., NORTH  
PO BOX 505  
ST. PETERSBURG FL 33710  
US**

3. Date Incorporated or Qualified **11/15/1984** 3a. Date of Last Report **04/17/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 **15 Plantation Rd**

22 City & State 27 **P.O. Box 505**

23 Zip 28 **BROAD Brook, Ct**

24 Country 29 **06016** 30 **HARTFORD**

9. Name and Address of Current Registered Agent  
**WASILUK, RICHARD F  
3129 - 49TH ST. NORTH  
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name **Marjorie A. Myette, Treas.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9901 - 1ST ST - E  
Unit E**

83 City & State **Treasure Island FL 85 Zip Code 33706**

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 *by: Marjorie A. Myette, Treas.* DATE **4-18-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MYETTE, WILLIAM F.</b>	
STREET ADDRESS	<b>15 PLANTATION ROAD</b>	
CITY - ST - ZIP	<b>BROAD BROOK CT</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAKIM, GEORGE E.</b>	
STREET ADDRESS	<b>5128 SIGNAL HILL ROAD</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MYATT, GARY R.</b>	
STREET ADDRESS	<b>1634 BRANNAN ROAD</b>	
CITY - ST - ZIP	<b>MCDONOUGH GA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CAREY, CATHERINE</b>	
STREET ADDRESS	<b>9901 1 STREET EAST UNIT D</b>	
CITY - ST - ZIP	<b>TREASURE ISLAND FL</b>	
TITLE	<b>TVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MYETTE, MARJORIE A.</b>	
STREET ADDRESS	<b>15 PLANTATION ROAD</b>	
CITY - ST - ZIP	<b>BROAD BROOK CT</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(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 changed, or on an attachment with an address.

SIGNATURE: *Treasure Island Lagoons Condo Assoc.* DATE: **04-18-96** (860) 289-0711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR  
*Marjorie A. Myette*  
**Marjorie A. MYETTE Treas.**

CR2E037 (12/95)