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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

9901 1ST STREET EAST  
UNIT E  
TREASURE ISLAND FL 33706  
US

M.A. MYETTE, Treas  
3129 - 49TH ST., NORTH P.O. BOX 505  
PO BOX 505  
ST. PETERSBURG FL 33710-2727 Broad Brook  
US. Ct. 06016  
USA

3. Date incorporated or Qualified 11/15/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2476122	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address M.A. Myette, Treas.

21 Suite, Apt. #, etc.

26 P.O. Box 505

22 City & State

27 Broad Brook, Ct. 06016

23 Zip Country

28 Zip Country

24 06016 25 USA

29 06016 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASILIK, RICHARD F.  
3129 - 49TH ST. NORTH  
ST. PETERSBURG FL 33710

81 Name Myette Marjorie A - Treas.
82 Street Address (P.O. Box Number is Not Acceptable)
83 9901 - 1st St E - Unit E
84 City 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: *Richard F. Wasilik* Marjorie A. Myette 2-14-97  
DATE

12 OFFICERS AND DIRECTORS	13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: SD NAME: MYETTE, WILLIAM F. STREET ADDRESS: 15 PLANTATION ROAD CITY-ST-ZIP: BROAD BROOK CT D-VP	1.1 TITLE: President - Director 1.2 NAME: John Humphreys 1.3 STREET ADDRESS: 4505 Lakeville Dr. 1.4 CITY-ST-ZIP: Metairie, LA 70002-1319
TITLE: [ ] DELETE NAME: HAKIM, GEORGE E. STREET ADDRESS: 5128 SIGNAL HILL ROAD CITY-ST-ZIP: ORLANDO FL	2.1 TITLE: [ ] Change [ ] Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
TITLE: [ ] DELETE NAME: MYATT, GARY R. STREET ADDRESS: 1634 BRANNAN ROAD CITY-ST-ZIP: MCDONOUGH GA	3.1 TITLE: [ ] Change [ ] Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: [ ] DELETE NAME: CAREY, CATHERINE STREET ADDRESS: 9901 1 STREET EAST UNIT D CITY-ST-ZIP: TREASURE ISLAND FL	4.1 TITLE: [ ] Change [ ] Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: [ ] DELETE NAME: MYETTE, MARJORIE A. STREET ADDRESS: 15 PLANTATION ROAD CITY-ST-ZIP: BROAD BROOK CT	5.1 TITLE: [ ] Change [ ] Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: [ ] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	6.1 TITLE: [ ] Change [ ] 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *William F. Myette* Treas. 2-10-97 860-289-0711  
DATE DAYTIME PHONE # 0050720

CR2E037 (9/96)