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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N06190**

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
 M.A. MYETTE, TREAS.
 PO BOX 505
 BROAD BROOK CT 06016
 US



524917 - 90072 - 35

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2476122	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MARJORIE, MYETTE A TREAS 9901 1ST STREET EAST UNIT E TREASURE ISLAND FL 33706				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
		FL	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	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MYETTE, WILLIAM F.	1.2 NAME			
STREET ADDRESS	15 PLANTATION ROAD	1.3 STREET ADDRESS			
CITY-ST-ZIP	BROAD BROOK CT	1.4 CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAKIM, GEORGE E.	2.2 NAME			
STREET ADDRESS	5128 SIGNAL HILL ROAD	2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUMPHREYS, JOHN	3.2 NAME			
STREET ADDRESS	4505 LAKEVILLA DR	3.3 STREET ADDRESS			
CITY-ST-ZIP	METAIRE LA 70002-1319	3.4 CITY-ST-ZIP			
TITLE	TVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Secretary, Treasurer, Director		
NAME	MYETTE, MARJORIE A.	4.2 NAME	Myette, Marjorie A.		
STREET ADDRESS	15 PLANTATION ROAD	4.3 STREET ADDRESS	15 PLANTATION ROAD		
CITY-ST-ZIP	BROAD BROOK CT	4.4 CITY-ST-ZIP	BROAD BROOK CT 06016		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
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: _____ DATE: **4-15-98** DAYTIME PHONE: **860-289-0711**
 by: **Treasure Island Lagoons Condo Assoc. Director**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)