

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90094 020 ****70.00

DOCUMENT # N06190

1. Entity Name

TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

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

M.A. MYETTE. TREAS.
 PO BOX 505
 BROAD BROOK CT 06016-0505
 US

00067031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2476122

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARJORIE, MYETTE A TREAS
9901 1ST STREET EAST
UNIT E
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:
FEES 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: **DVP** Delete
 NAME: **HAKIM, GEORGE E.**
 STREET ADDRESS: **5128 SIGNAL HILL ROAD**
 CITY-ST-ZIP: **ORLANDO FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **PD** Delete
 NAME: **HUMPHREYS, JOHN**
 STREET ADDRESS: **4505 LAKEVILLA DR**
 CITY-ST-ZIP: **METAIRE LA 70002-1319**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **STD** Delete
 NAME: **MYEITE, MORJORIE A**
 STREET ADDRESS: **15 PLANTATION ROAD**
 CITY-ST-ZIP: **BROAD BROOK CT 06016**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
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 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)(i), 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: *Treasure Island Lagoons Condo Association*
 by *MARJORIE A. MYETTE*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marjorie A. Myette Treasurer

Date: **4-11-00** Daytime Phone #: **860-627-7613**

CR2F037 (9/99)