

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0068905

**DOCUMENT # N06190**

1. Entity Name

**TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION,**

04-03-2001 90106 015 \*\*\*\*70.00

Principal Place of Business

Mailing Address

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

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



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.

*Treasure Island Lagoons Condo Assoc.*

SIGNATURE *by: Marjorie A. Myette*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*09-28-01*

**FILE NOW:**  
**FEE 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	<input type="checkbox"/> Delete
NAME	HAKIM, GEORGE E.	
STREET ADDRESS	5128 SIGNAL HILL ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUMPHREYS, JOHN	
STREET ADDRESS	4505 LAKEVILLA DR	
CITY-ST-ZIP	METAIRE LA 70002-1319	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MYEITE, MORJORIE A	
STREET ADDRESS	15 PLANTATION ROAD	
CITY-ST-ZIP	BROAD BROOK CT 06016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hakim, George E.	
STREET ADDRESS	8321 Oak Park Road	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	V. Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine Carey	
STREET ADDRESS	9901-1st St E. Unit D	
CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *by: Marjorie A. Myette, Director*

Date *3/28/01* Daytime Phone # *860-289-0911*

CR2E037 (10/00)