


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90247 044 ****61.25

DOCUMENT # N06190					
1. Entity Name TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O LAMONT MANAGEMENT CO. 250 104TH AVE. TREASURE ISLAND, FL 33706 US		Mailing Address C/O LAMONT MANAGEMENT CO. 250 104TH AVE. TREASURE ISLAND, FL 33706 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2476122	
- Zip -		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAMONT, SUE 250 104 AVE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFILIPPI, ERNIE		NAME	DEFILIPPI, ERNIE	
STREET ADDRESS	9901 1ST STREET E.		STREET ADDRESS	9901 1ST STREET E.	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYEITE, MORJORIE A		NAME		
STREET ADDRESS	PO BOX 505		STREET ADDRESS		
CITY-ST-ZIP	BROAD BROOK, CT 06016		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, BARRY		NAME		
STREET ADDRESS	32 FELTON LEA		STREET ADDRESS		
CITY-ST-ZIP	SIDCUP KENT ENGLAND,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CAREY, CATHERINE	
STREET ADDRESS			STREET ADDRESS	9901 FIRST STREET EAST	
CITY-ST-ZIP			CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>E Defilippi</i>			Date: 4-18-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

200500



02222005 Chg-NP CR2E037 (10/03)

Applied For

Not Applicable

\$8.75 Additional Fee Required

FL

Zip Code