


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90357 025 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2476122**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMONT, SUE  
 250 104 AVE  
 TREASURE ISLAND, FL 33706**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	DEFILIPPI, ERNIE	
STREET ADDRESS	9901 1ST STREET E	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MYEITE, MORJORIE A	
STREET ADDRESS	PO BOX 505	
CITY-ST-ZIP	BROAD BROOK, CT 06016	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAREY, CATHERINE	
STREET ADDRESS	9901 FIRST STREET EAST	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY BARNES	
STREET ADDRESS	32 FELTON LEA	
CITY-ST-ZIP	SIDCUP, KENT, ENGLAND DA146BA	
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 exemptions contained in Chapter 119, 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:** Ernest J DeFilippi **ERNEST J DeFilippi** 4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #