


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90033 048 ****70.00

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 - No P.O. Box # 9901 1 ST ST E Suite, Apt. #, etc. Unit E City & State Treasure Island, FL Zip 33706 Country USA		3. Mailing Address 9901 1 ST ST E Suite, Apt. #, etc. Unit E City & State Treasure Island, FL Zip 33706 Country USA		01112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2476122		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 Linsley, Marjorie A. Street Address (P.O. Box Number is Not Acceptable) 9901-1 ST ST E Unit E City Treasure Island FL Zip Code 33706		
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 <u>Marjorie A. Linsley, Director/Treasurer/Secretary</u> 01-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE <u>MARJORIE A. LINSLEY, Director/Treasurer/Secretary</u>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEFILIPPI, ERNIE	NAME			
STREET ADDRESS	9901 1ST STREET E	STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINSLEY, MARJORIE	NAME			
STREET ADDRESS	9901 1ST ST E	STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	CITY-ST-ZIP			
TITLE	PD <input 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	SIDEUP, KENT, EN	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			
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 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: <u>Marjorie A. Linsley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 01-18-08		Daytime Phone # 727-360-5212	