

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06190

FILED
May 28, 2009
Secretary of State

Entity Name: TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O LAMONT MANAGEMENT CO.
9901 1ST ST E UNIT E
SAINT PETERSBURG, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

C/O LAMONT MANAGEMENT CO.
9901 1ST ST E UNIT E
SAINT PETERSBURG, FL 33706 US

New Mailing Address:

FEI Number: 59-2476122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LINSLEY, MARJORIE A
9901 1ST ST E UNIT E
SAINT PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DEFILIPPI, ERNIE
Address: 9901 1ST STREET E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: STD () Delete
Name: LINSLEY, MARJORIE
Address: 9901 1ST ST E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD () Delete
Name: BARNES, BARRY
Address: 32 FELTON LEA
City-St-Zip: SIDEUP, KENT, EN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: LINSLEY, MARJORIE
Address: 9901 1ST ST E
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE A. LINSLEY

STD

05/28/2009

Electronic Signature of Signing Officer or Director

_____ Date