

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90095 021 ****61.25

004179X

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

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

FILE NOW: FEE IS \$61.25

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: PD	NAME: HUMPHREYS, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4505 LAKEVILLA DR	CITY-ST-ZIP: METAIRE LA 70002-1319	
TITLE: STD	NAME: MYEITE, MORJORIE A	<input type="checkbox"/> Delete
STREET ADDRESS: 15 PLANTATION ROAD	CITY-ST-ZIP: BROAD BROOK CT 06016	
TITLE: D	NAME: BARNES, GARRY	<input type="checkbox"/> Delete
STREET ADDRESS: 32 FELTON LEA	CITY-ST-ZIP: SIDCUP KENT ENGLAND	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME: BARNES, BARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE: PD	NAME: DEFILIPPI, ERNIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 9901 135 STE	CITY-ST-ZIP: TREASURE ISLAND FL 33706	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ernie Defilippi* **3-3-03** **363-4989**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)