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

## DOCUMENT # N06190

1. Entity Name

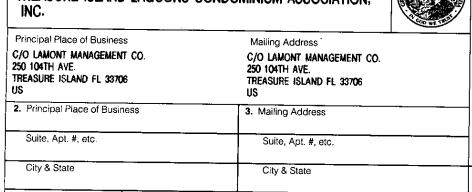


Secretary of State 03-05-2003 90095 021 \*\*\*\*61.25

**FILED** 

Mar 05, 2003 8:00 am §

## TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION, INC.



|--|--|

☐ CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number 59-2476122

Applied For Not Applicable

Country

5. Certificate of Status Desired Status Desired See Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMONT, SUE 250 104 AVF

250 104 AVE TREASURE ISLAND FL 33706

Name	
Street Address (P.O. Box Number is Not Acceptable)	 _

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. Lam familiar with, and accept

the obligations of registered agent.	The State of Florida.	am tamiliar with, and accept

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

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition NAME **HUMPHREYS. JOHN** NAME STREET ADDRESS 4505 LAKEVILLA DR STREET ADDRESS CITY-ST-ZIP METAIRE LA 70002-1319 CITY-ST-ZIP STD TITLE □ Delete TITLE ☐ Change ☐ Addition MYEITE, MORJORIE A NAME NAME STREET ADDRESS 15 PLANTATION ROAD STREET ADDRESS CITY-ST-ZIP **BROAD BROOK CT 06016** CITY-ST-7IP TITLE Delete TITLE ☐ Addition BARNES, GARRY NAME NAME BARNES, BARRY STREET ADDRESS **32 FELTON LEA** STREET ADDRESS CITY-ST-7IP SIDCUP KENT ENGLAND CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **X** Addition NAME DEFILIPPI ERNIE 9901 ME STE NAME STREET ADDRESS STREET ADDRESS STE CITY-ST-ZIF CITY-ST-ZIP TREASURE ISLAND FL 33766 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DISECTOR

3-3-03

363-4939

CR2E037 (10/02)