

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90064 037 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14189**

1. Corporation Name  
**TREASURE ISLAND TENNIS & YACHT CLUB CORPORATION OF PINELLAS**

Principal Place of Business 400 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706-1131	Mailing Address 400 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706-1131
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/31/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2670733
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent  JOHNSON, MARK A 400 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706	10. Name and Address of New Registered Agent 81 Name Frank Plunkett 82 Street Address (P.O. Box Number is Not Acceptable) 83 400 Treasure Island Causeway 84 City Treasure Island FL 85 Zip Code 33706
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Frank Plunkett (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESTERA, RICHARD A 6650 SUNSET WAY #120 ST PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pennington, George P. 13420 Las Palmas Dr. Largo, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENNINGTON, GEORGE 13420 LAS PALMAS DR REDINGTON BCH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Rahter, J. Richard 611-64 Avenue St. Petersburg Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIEFFER, JON 12202 2ND STREET E TRASURE ISLAND FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Marger, David S. 1918 Follow Thru Road N. St. Petersburg, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARVEY, WILLIAM 6713 CARDINAL DR. S. ST. PETERSBURG FL 33707	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Garvey, William B. 6713 Cardinal Drive S. St. Petersburg, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SONTAG, MARJORIE 450 TRASURE ISLAND CSWY #702 TREASURE ISLAND FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Prestera, Richard A. 5961 Bayview Circle S. Gulfport, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHTER, J RICHARD 611 64TH AVENUE ST PETERSBURG FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Kieffer, Jon C. 12202 2nd Street E. Treasure Island, FL

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George P. Pennington (NOTE: Signature required) DATE: 4/20/99 (727) 367-4511

CR2E037 (1/1/98)