


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-02-2005 90412 035 ****61.25

DOCUMENT # N14189					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2670733	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEYER, JOSEPH B. <i>LARRY DIMOND</i> → 400 TREASURE ISLAND CAUSEWAY TREASURE ISLAND, FL 33706				Name <i>LARRY DIMOND</i> Street Address (P.O. Box Number is Not Acceptable) <i>400 TREASURE ISLAND CSWY</i> <i>TREASURE ISLAND, FL</i> City <i>FL</i> Zip Code <i>33706</i>	
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 <i>Larry Dimond</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE <i>4/28/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, JEFFREY K		NAME	<i>MAGNO, RALPH A</i>	
STREET ADDRESS	11180 8TH ST. EAST		STREET ADDRESS	<i>1168 KAPOK GRAND CIR</i>	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	<i>MADEIRA Bch, FL 33708</i>	
TITLE	VC	<input type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNO, RALPH A		NAME	<i>BAUMANN JR, JOHN</i>	
STREET ADDRESS	1168 KAPOK GRAND CIR.		STREET ADDRESS	<i>12023 NICKLAUS CIR</i>	
CITY-ST-ZIP	MADERIA BEACH, FL 33708		CITY-ST-ZIP	<i>TAMPA, FL 33624</i>	
TITLE	RC	<input type="checkbox"/> Delete	TITLE	RC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMANN, JR. JOHN		NAME	<i>BOZEMAN, WILLIAM III</i>	
STREET ADDRESS	12023 NICKLAUS CIR.		STREET ADDRESS	<i>8022 STIMIE AVE NO</i>	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	<i>ST. PETERSBURG, FL 33710</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUSINI, ADNREW		NAME	<i>IMHOFF</i>	
STREET ADDRESS	255 CAPRI CIR. NORTH #24		STREET ADDRESS	<i>123 BAY PLAZA</i>	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	<i>TREASURE ISLAND, FL 33706</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOZEMAN, WILLIAM III		NAME	<i>WATERHOUSE DRYAN</i>	
STREET ADDRESS	8022 STIMIE AVE. NORTH		STREET ADDRESS	<i>11090 2ND STREET EAST</i>	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	<i>TREASURE ISLAND, FL 33706</i>	
TITLE	PC	<input type="checkbox"/> Delete	TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMERLING, LARRY		NAME	<i>CHAMBERS JEFFREY K</i>	
STREET ADDRESS	17900 GULF BLVD., #12-A		STREET ADDRESS	<i>1180 8TH ST EAST</i>	
CITY-ST-ZIP	REDINGTON SHORES, FL 33708		CITY-ST-ZIP	<i>TREASURE ISLAND FL 33706</i>	
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: <i>Larry Dimond</i>				DATE: <i>4/28/05</i> (2005) 367-4511	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

00010090



04272005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2670733 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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