

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746076

**Entity Name:** TREASURE ISLAND POINTS WEST APARTMENTS  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**4895093897CC**

**Current Principal Place of Business:**

12000 CAPRI CIR S  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US

**FEI Number: 59-2335470**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAMONT MANAGEMENT  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US

*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: STEPHANIE HENDRIX**

**02/18/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BROOKS, MATTHEW  
Address        C/O LAMONT MANAGEMENT, INC.  
                  250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title           VP  
Name           FERRARA, JUDY  
Address        C/O LAMONT MANAGEMENT, INC.  
                  250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title           SECRETARY  
Name           MORRILL, CONNIE  
Address        C/O LAMONT MANAGEMENT, INC.  
                  250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title           PRESIDENT  
Name           ANDERSON, DONNA  
Address        C/O LAMONT MANAGEMENT, INC.  
                  250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title           DIRECTOR  
Name           WEBBER, JIM  
Address        C/O LAMONT MANAGEMENT, INC.  
                  250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

*I hereby 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 all other like empowered.*

**SIGNATURE: DONNA ANDERSON**

**PRESIDENT**

**02/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date