

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746076

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

FILED
Feb 09, 2015
Secretary of State
CC2241268606

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, SUE
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: SUE LAMONT

02/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD MEMBER
Name LESTER, BETSY
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 SECRETARY
Name O'CONNOR, SHEILA
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 DIRECTOR
Name BARBEE, MARLAY
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

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date