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 effe 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 the above, or on an attachment with all other like empowered.			
SIGNATURE: BARRY BARNES	TREASURER	01/12/2023	

## DOCUMENT# N06190

Entity Name: TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

C/O CATHY CAREY 9901 1ST ST EAST UNIT D TREASURE ISLAND, FL 33706

## **Current Mailing Address:**

C/O CATHY CAREY 9901 1ST ST EAST UNIT D TREASURE ISLAND, FL 33706 US

## FEI Number: 59-2476122

## Name and Address of Current Registered Agent:

BARNES, BARRY P 9901 1ST ST EAST UNIT C 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	E BARRY P BARNES			01/12/2023
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	CAREY, CATHY	Name	WOOD, SITA	
Address	9901 1ST STREET E UNIT D	Address	9901 1ST ST EAST	
City-State-Zip:	TREASURE ISLAND FL 33706	City-State-Zip:	UNIT F TREASURE ISLAND FL 33706	3
Title Name	TREASURER BARNES, BARRY	Title	VP	
		Name	DEFILIPPI, ROXANE	
Address City-State-Zip:	32 FELTOM LEA SIDEUP	Address	9901 1ST STREET EAST UNIT A	
		City-State-Zip:	TREASURE ISLAND FL 33706	6

01/12/2023 TREASURER

FILED Jan 12, 2023 Secretary of State 8780478274CC

Certificate of Status Desired: No

Date