

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06190

**FILED**  
**Feb 10, 2014**  
**Secretary of State**  
**CC0871656748**

**Entity Name:** TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ERNIE DI FILIPPI 9901 1ST ST EAST  
UNIT A  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

C/O ERNIE DI FILIPPI 9901 1ST ST EAST  
UNIT A  
TREASURE ISLAND, FL 33706 US

**FEI Number: 59-2476122**

**Certificate of Status Desired: Yes**

**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: BARRY P BARNES**

**02/10/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DVP  
Name DEFILIPPI, ERNIE VP  
Address 9901 1ST STREET E UNIT A  
City-State-Zip: TREASURE ISLAND FL 33706

Title STD  
Name LINSLEY, MARJORIE A  
Address C/O MARJORIE A. LINSLEY 9901 1ST ST EAST UNIT E  
City-State-Zip: TREASURE ISLAND FL 33706

Title PD  
Name BARNES, BARRY  
Address 32 FELTOM LEA  
City-State-Zip: SIDEUP KENT

*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: BARRY P BARNES**

**PD**

**02/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date