FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725927 (8)

1. Corporation Name

TREASURE ISLAND TENNIS & YACHT CLUB CONDOMINIUM #1, INC.

Principal Place of Business	Mailing Address
10033 9TH ST. N.. 2ND FLOOR ST. PETERSBURG FL 33716	10033 9TH ST. N.. 2ND FLOOR ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified: 03/27/1973
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1564619 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMPART PROPERTIES , INC
10033 NINTH ST N.
2ND FLOOR
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRABER, JOSEPH		1.2 NAME		
STREET ADDRESS	450 TREASURE ISL CSWY #412		1.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISL,FL 00000		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SONTAG, ROBERT		2.2 NAME	D	
STREET ADDRESS	450 TREASURE ISL CSWY #702		2.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISL,FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	OVERSTREET, HELEN		3.2 NAME	Wilma Casebolt	
STREET ADDRESS	450 TREASURE ISL CSWY #404		3.3 STREET ADDRESS	450 Treasure Island Causeway #604	
CITY-ST-ZIP	TREASURE ISL,FL 00000		3.4 CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAMUEL, BARBARA		4.2 NAME		
STREET ADDRESS	450 TREASURE ISL CSWY #107		4.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WRAY, DONALD		5.2 NAME		
STREET ADDRESS	450 TREASURE ISLAND CAUSEWAY,#207		5.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROME, HAROLD		6.2 NAME		
STREET ADDRESS	450 TREASURE ISL CSWY #409		6.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISL, FL 00000		6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Gentry President — 3/19/96 — 813-367-4647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #