FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 725927

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

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

10033 9TH ST. N., 2ND FLOOR ST. PETERSBURG FL 33716

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

10033 9TH ST. N., 2ND FLOOR ST. PETERSBURG FL 33716

FILED Apr 01, 1999 8:00 am § Secretary of State

04-01-1999 90020 007 ****61.25



3. Date Incorporated or Qualifed

03/27/1973

59-1564619

4. FEI Number

City & State		City & State				5. Certificate of Status Desired						
23		28						John Carlo Or Oleran Desired		Fee	Fee Required	
Zip	Country	Zip Cour			,	6. Election Campaign Finan						
24	25 29 30			L	Trust Fund Contribution Added to Fee							
	9. Name and Address of Current F			10	0. Name and	d Address of Nev	w Registered	Agent				
				81	Name							
RAMPART PROPERTIES , INC				82	Street	et Address (P.O. Box Number is Not Acceptable)						
10033 NINTH ST N.			83									
2ND FLOOR			63								1	
ST. PETER	RSBURG FL 33716			84	City				FL	85 Z	ip Code	
44 D	to the province of Sections 617 0502 s	nd 617 1509	Elorida Statutas	the abov	e named	comorati	ion submits th	nis statement for t	he purpose of	changing	its registe	red
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.												
	milanila with, and accept the deligation	10 01, 00011011	011.0000,110									- }
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable.	. (NOTE: Reg	jistered Age	nt signature r	required whe	n reinstating)		DATE			
12.	OFFICERS AND			13.			ADDITIONS	CHANGES TO	OFFICERS AN			
TITLE	D DELETE 1.17			1.1 TITLE		S				X Chan	ge 🔲 A	ddition
NAME	GRABER, JOSEPH		1.2 NAME		Graber, Joseph							
STREET ADDRESS				1.3 STREE	EET ADDRESS						Ì	
CITY-ST-ZIP				1.4 CITY-S	Y-ST-ZEP					<u> </u>		
TITLE			2.1 TITLE		VP	 -				ge X∏A	ddition	
NAME	WRAY, DONALD 2		2.2 NAME			per, J					i	
STREET ADDRESS	10033 9TH ST. NORTH 2ND FLOOR						10033 9th Street North 2nd Floor					
CITY-ST-ZIP	ST. PETERSBURG FL 33716-3805			2.4 CITY-5	ST-ZIP	St.	Peter	sburg, I	71orida	33	371 <u>6</u>	
TITLE	P		DELETE	3.1 TITLE		D				Chan	ge 1 ∑ A	ddition
NAME	CASEBOLT, WILMA			3.2 NAME		Har	per, D	on				1
STREET ADDRESS	10033 9TH ST. NORTH 2ND FLOO	OR		3.3 STREE	T ADDRESS	100	33 9th	Street	North	2nd	F100	r
CITY-ST-ZIP	ST. PETERSBURG FL 33716-3805 34.0		3.4. CITY-5	ST-ZIP	St. Petersburg, Florida 337					3716		
TITLE	S		☐ DELETE	4.1 TITLE		Р				★ Chan	ge 🗆 A	Addition
NAME	DIMASE, GRACE 4.2N		4.2 NAME		DiMa	DiMase, Grace						
STREET ADDRESS		OR		4.3 STREE	TADDRESS	1						
CITY-ST-ZIP	ST. PETERSBURG FL 33716	. 		4.4 CITY-S	T-ZIP	<u> </u>						
TITLÉ	TD		DELETE	5.1 TITLE		D				Chan	ge 🏋 A	ddition
NAME	WRAY, DONALD	5.2		5.2 NAME		Volker, Donrue						
STREET ADDRESS	10033 9TH ST. NORTH			5.3 STREE	TADORESS	100	33 9th	Street	North	2nd	Floo	r
CITY-ST-ZIP	ST. PETERSBURG FL 33716-3805			5.4 CITY-S	T-ZIP	St.	Peter	sburg, I	?lorida	3.3	3716	
TITLE			DELETE	6.1 TITLE				-	,	Chan	ge 🗌 A	Addition
NAME				6.2 NAME			•					
STREET ADDRESS				6.3 STREE	T ADDRESS							Ì
CITY-ST-ZIP				6.4 CITY-S								
	and if the the information appoind with	thin filing door	au alifu for the	a avama	ion states	d in Conti	ion 110 07/3)	(i) Florida Statute	e I further cer	tifu that th	no informa	tion _

Indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 1.19.07(5)(f), Fronda Statutes. Indicated 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, with all other like empowered.

SIGNATURE: _

SIGNATURE REQUIRED

Applied For

\$8.75 Additional

Not Applicable