

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90137 039 ****61.25

DOCUMENT # 725927

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1564619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☒ Delete
 NAME **GRABER, JOSEPH**
 STREET ADDRESS **10033 9TH ST. NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716-3805**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Mariorie Sontag**
 STREET ADDRESS **10033 Ninth Street North**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **D** ☒ Delete
 NAME **ARNOLD-MEYER, JUNE**
 STREET ADDRESS **10033 9TH STREET N. 2ND FLOOR**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716-3805**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Barbara Samuels**
 STREET ADDRESS **10033 Ninth Street North**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **D** ☐ Delete
 NAME **ROME, HAROLD**
 STREET ADDRESS **10033 9TH ST. NORTH 2ND FLOOR**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716-3805**

TITLE **D** ☐ Change ☒ Addition
 NAME **Joyce Webber**
 STREET ADDRESS **10033 Ninth Street North**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **VPD** ☐ Delete
 NAME **DIMASE, GRACE**
 STREET ADDRESS **10033 9TH ST. NORTH 2ND FLOOR**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HOUCK, CHARLIE**
 STREET ADDRESS **10033 9TH STREET N. 2ND FLOOR**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716-3805**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **VOLKER, DONRUE**
 STREET ADDRESS **10033 9TH ST N 2ND FL**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DONRUE VOLKER 4/25/02 727 577 2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)