FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 26 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728528 (1)

1. Corporation Name
TREASURE BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
239 TREASURE BEACH BLVD. ST AUGUSTINE FL 32084	239 TREASURE BEACH BLVD. ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7422286 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAKER, CAMERON A.
239 TREASURE BEACH RD.
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: ARTHUR LIEPOLD
82 Street Address (P.O. Box Number is Not Acceptable)
83: 261 VENTURA
84 City: ST AUGUSTINE FL 85 Zip Code: 32084

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE: Arthur Liepold — ARTHUR LIEPOLD — 4/20/95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BAKER, CAMERON	1.2 NAME	ARTHUR LIEPOLD	
STREET ADDRESS	239 TREASURE BEACH RD.	1.3 STREET ADDRESS	261 VENTURA	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SMITH, ROBERT	2.2 NAME	Angelo A. Nocella	
STREET ADDRESS	241 TREASURE BEACH RD.	2.3 STREET ADDRESS	6333 SAIADO	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	TUTTLE, DORIS	3.2 NAME		
STREET ADDRESS	259 MAJORCA RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	FANNING, RICHARD	4.2 NAME	FRED B. Roberts	
STREET ADDRESS	260 VENTURA RD	4.3 STREET ADDRESS	266 PIZARRO	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	FANNING, ELIZABETH	5.2 NAME	Jimmie W. Hardon	
STREET ADDRESS	260 VENTURA RD	5.3 STREET ADDRESS	6301 COSTANERO RD	
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	S	6.1 TITLE	S	☒ Change ☐ Addition
NAME	BAKER, SUSAN	6.2 NAME	Theodore Kiesch	
STREET ADDRESS	239 TREASURE BEACH RD	6.3 STREET ADDRESS	249 TREASURE Beach Rd	
CITY-ST-ZIP	ST AUGUSTINE FL	6.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	

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)(i), 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: Arthur Liepold — 4/20/95 — (904) 471-5614
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARTHUR LIEPOLD

000278D