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 # 728528 (1)

1. Corporation Name

TREASURE BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~299 TREASURE BEACH BLVD.~~ ST AUGUSTINE FL 32084 261 Ventura St. Augustine	~~299 TREASURE BEACH BLVD.~~ ST AUGUSTINE FL 32084 261 Ventura St. Augustine

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 04/26/1995

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: 23-7422286 ☐ 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

LIEPOLD, ARTHUR
261 VENTURA
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

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

83 Same

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	PD	☐ DELETE	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	LEIPOLD, ARTHUR		1.2 NAME	Trunnell, Marie	
STREET ADDRESS	261 VENTURA		1.3 STREET ADDRESS	285 OLE RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	St. Augustine, Fl. 32084	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOCELLA, ANGELO A		2.2 NAME		
STREET ADDRESS	6333 SALADO		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	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	☒ DELETE	4.1 TITLE	V.D	☐ Change ☐ Addition
NAME	ROBERTS, FRED B		4.2 NAME	William Jepson	
STREET ADDRESS	266 PIZARRO		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP	St Augustine 32084	
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARDEN, JIMMIE W		5.2 NAME		
STREET ADDRESS	6301 COSTANERO RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KIRSCH, THEODORE		6.2 NAME		
STREET ADDRESS	249 TREASURE BCH RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Arthur Leipold 2/26/96 904 4715614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #