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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
261 VENTURA ST AUGUSTINE FL 32084 US	261 VENTURA ST AUGUSTINE FL 32084-7372 US

6301 COSTANERO RD. 6301 COSTANERO RD.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22 ST AUGUSTINE, FL	Suite, Apt. #, etc. 27 ST. AUGUSTINE, FL.
City & State 23 32084 USA	City & State 8
Zip / Country 24 / 25	Zip / Country 29 32084 / 30 USA

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 03/04/1996
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: JIMMIE W. HARDEN
82 Street Address (P.O. Box Number Is Not Acceptable): 6301 COSTANERO RD.
83 City: ST. AUGUSTINE 84 FL 85 Zip Code: 32084

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: X Jimmie W Harden 1/30/97
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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRUNNELL, MARIE		1.2 NAME		
STREET ADDRESS	285 OLE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	Co-Vice President (1st)	☒ Change ☐ Addition
NAME	NOCELLA, ANGELO A		2.2 NAME	JOHN GRIBBEN	
STREET ADDRESS	6333 SALADO		2.3 STREET ADDRESS	243 PIZARRO AV.	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084	
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		☐ Change ☐ Addition
NAME	JEPSON, WILLIAM		4.2 NAME		
STREET ADDRESS	266 PIZARRO		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	KIRSCH, THEODORE		5.2 NAME	LOUISE ALEXANDERSON	
STREET ADDRESS	249 TREASURE BCH RD		5.3 STREET ADDRESS	247 TREASURE BEACH RD.	
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084	
TITLE		☐ DELETE	6.1 TITLE	Co-1ST VICE PRESIDENT	☐ Change ☒ Addition
NAME			6.2 NAME	RANDY DORSEY	
STREET ADDRESS			6.3 STREET ADDRESS	219 PIZARRO AV.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084	

CR2E037 (9/96)

14. I do 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 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: X Jimmie W Harden REQUIRED 1/30/97 (904)461-3415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (OPTIONAL)