FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

TREASURE BEACH PROPERTY OWNERS ASSOCIATION, INC.

FILED Feb 10 1998 8:00am Secretary of State

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Principal Place of Business	Mailing Address		1	QU ANDU ANKU ANGU ANGU ANGU		
6301 COSTANERO RD.	6301 COSTANERO RD.		3. Date Incorporated or Qualified			
ST AUGUSTINE FL 32084 US	ST AUGUSTINE FL 32084 US		12/31/1973			
	00		4. FEI Number	Applied For		
			23-7422286	Not Applicable		
2. Principal Place of Business 21 239 Transwe Bes	uh Pas 239 Treasur	eBeach R	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	6. Election Campaign Financing	\$5.00 May Be		
22 St. augustine	27 St. august	ine	Trust Fund Contribution	Added to Fees		
City & State Florida	City & State 28 - Florida	•		□ No		
Zip Country 25 St. Joh	ns 29 32084 30 S	intry to Johns	This corporation owes of has paid the cu Personal Property Tax due June 30.	irrent year Intangible Yes X No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	- 4	Name CA	M BAKER, Pres	ident(P)		
6301 COSTANERO RD.		82 Street Addres	ss (P.O. Box Number is Not Acceptable)	h Rd.		
		83	5. Quaristine	•		

11. Pursuant to the provisions of Sections 617.0602 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 amiliar with, and accept the obligations of Section 617.0503, Florida Statutes.

City

	LANDE S	147)			117/05	•	
SIGNATURE(Statisture, typed or printed halve of registered agent a	nd tille it servicable. (NOTE: R	legistered Agent signature	e required when reinstating)	DATE // O		
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Treasurer	DELETE	1.1 TITLE		Change	Addition	
NAME	TRUNNELL, MARIE		1.2 NAME				
STREET ADDRESS	285 OLE RD		1,3 STREET ADORESS				
CITY-ST-ZIP	ST. AUGUSTINE FL	/	1.4 CITY-ST-ZIP				
TITLE	VP	DELETÉ	2.1 TITLE	Ist. V.P/D).	[change	Addition	
NAME	GRIBBEN, JOHN		2.2 NAME			·	
STREET ADDRESS	243 PIZARRO AVE.		2.3 STREET ADDRESS	5925 Rio Royalle	_		
CITY-ST-ZIP	ST. AUGUSTINE FL		2. 4 CITY-ST-ZIP		32084		
TITLE 2		☐ 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	(2)			
TITLE	VD	☑ DELETE	4.1 TITLE	314 VPW	Change	Addition	
NAME	JEPSON, WILLIAM		4. 2 NAME	Julian (JULIAN) U) Kuttaker		
STREET ADDRESS	266 PIZARRO		4.3 STREET ADDRESS	201 Measure Be	ach Rd.		
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP	St. augustine	71.32084		
TITLE	8	▼ DELETE	5.1 TITLE	Recordination	(17) - hange	Addition	
NAME	ALEXANDERSON, LOUISE		5.2 NAME	Priscilla Typn	aid /		
STREET ADDRESS	247 TREASURE BEACH RD.		5.3 STREET ADDRESS	5925 Rio Reyalle			
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP	st. augustine, 7			
TITLE	VP	D DELETE	6.1 TITLE	corresponding Sec	- Change	Addition	
NAME	DORSEY, RANDY		6.2 NAME	ann malore			
STREET ADDRESS	219 PIZARRO AVE.		6.3 STREET ADDRESS	257 Tressure Bea	ah Icd.		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11907(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.

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