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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728528**

1. Corporation Name

TREASURE BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
239 TREAURE BEACH RD ST AUGUSTINE FL 32084 US	239 TREASURE BEACH RD ST AUGUSTINE FL 32084 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/31/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7422286 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BAKER, CAM P
239 TREASURE BEACH RD
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

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 _____ 1/4/99
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	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LYONAIS, ART		2.2 NAME		
STREET ADDRESS	5925 RIO ROYALE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		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	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITTAKER, JULIAN		4. 2 NAME		
STREET ADDRESS	207 TREAURE BEACH RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LYONAIS, PRISCILLA		5.2 NAME		
STREET ADDRESS	5925 RIO ROYALLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	MALONE, ANN		6.2 NAME	Vikki Arneault	
STREET ADDRESS	257 TREASURY BEACH RD		6.3 STREET ADDRESS	211 majorca Ave	
CITY-ST-ZIP	ST AUGUSTINE FL 32084		6.4 CITY-ST-ZIP	St Augustine FL 32084	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/4/99 9048296418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #