## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 728528** 1. Entity Name TREASURE BEACH PROPERTY OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 239 TREAURE BEACH RD 239 TREASURE BEACH RD ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address VERDA VILLA

## **FILED** Mar 15, 2001 8:00 am Secretary of State

03-15-2001 90185 020 \*\*\*\*61.25



Suite, Apt.	pt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	WGUSTINE FX.	ST. AUGUSTINE, FL.			4. FEI Number 23-7422286				pplied For	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Ad	ditional	
<u> 3200</u>	6. Name and Address of Current R		ST. LOH	<u> </u>		,		Fee Require	∌d .	
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name CARL WHITT							
BAKER, CAM P				Street Address (P.O. Box Number is NA Acceptable)—RDA						
239 TREASURE BEACH RD ST AUGUSTINE FL 32084										
ST AUGUSTINE FL 32004				CINST. AUGUSTINE FL ZIDCOOR 80						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.										
SIGNATURE Soul Colhus-President 3/12/01										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
		<u> </u>								
FILE NOW:  9. Election Campaign Financia				\$5.00 May Be Make Check Payable to			ם ס			
	FEE IS \$61.25	Trust Fund Contribut	ion.	Added to	Fees	De	epartment	of State		
10. OFFICERS AND DIRECTORS 11.				ADI	DITIONS/CHA	ANGES TO OFFICE	ERS AND DI	RECTORS IN	V 10	
TITLE	Т	☐ Delete	TITLE			· <u>-</u>	-	☐ Change	☐ Addition	
NAME	TRUNNELL, MARIE		NAME	]						
STREET ADDRESS CITY-ST-ZIP	285 OLE RD   ST. AUGUSTINE FL 32080		STREET ADDRESS CITY-ST-ZIP							
TITLE	VPD	■ Delete	TITLE	<u> </u>	- 11		44	Change	Addition	
NAME	LYONAIS, ART	EM Delete	NAME	SAC	SHS	WILLIA	/V(	•		
STREET ADDRESS	5925 RIO ROYALE		STREET ADDRESS	224	SKA	RCO F			60	
CITY-ST-ZIP	ST AUGUSTINE FL 32084		CITY-ST-ZIP				t, 1 h1			
TITLE	V   arneault, vikki	■ Delete	TITLE NAME	DEA	LANY	DOT.		Change	☐ Addition	
NAME STREET ADDRESS	211 MAJORCA RD		STREET ADDRESS	63	18 Ġ	OMEZ	RD.		1	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084		CITY-ST-ZIP	ST.	AUG-L	JSTIN	E.F.	1.320	080	
TITLE	VPD	☐ Delete	TITLE					☐ Change	Addition	
NAME	WHITTAKER, JULIAN		NAME							
STREET ADDRESS CITY-ST-ZIP	207 TREAURE BEACH RD		STREET ADDRESS CITY-ST-ZIP						Ì	
TITLE	ST AUGUSTINE FL 3208	<b>⊠</b> Delete	TITLE	11.75		9.0.1	<u>, C</u>	Change	Addition \	
NAME	WARTH, SUSAN	ZA Delete	NAME	WH		YVOUL	)C	f		
STREET ADDRESS	6071 COSTANERO RD		STREET ADDRESS	285		LAYER	117 ·		'AV	
CITY-ST-ZIP	ST AUGUSTINE FL 32084		CITY-ST-ZIP	51.1	$\{O(-C)\}$	STYNE	<u>,                                    </u>			
TITLE	S CHEAN N	Delete	TITLE	JOH	ANNE	SEN, R	2UTH	🔀 Change	Addition	
NAME STREET ADDRESS	BAKER, SUSAN M 239 TREASURE BEACH RD		NAME STREET ADDRESS			SQÚE				
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084		CITY-ST-ZIP	57.	AIKI	ISTINE	FL.	221	סדכ	
12. I hereby	certify that the information supplied with t	this filing does not qualify for th	ne exemption sta							

of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

904-461-8490