

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90012 043 ****61.25

DOCUMENT # 741942 1. Entity Name TREASURE ISLAND VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10365 PARADISE BLVD BLDG #1 TREASURE ISLAND, FL 33706			Mailing Address C/O CONDOMINIUM MANAGEMENT GROUP INC. P.O. BOX 47068 ST. PETERSBURG, FL 33743-7068		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40119302 	
City & State		City & State		4. FEI Number 59-1829278	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELTON, RONALD CONDOMINIUM MGMT GROUP 5444 PARK BLVD #101 PINELLAS PARK, FL 33781				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required after 6/1/07) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLISON, BERNICE 10365 PARADISE BLVD#17 TREASURE ISLAND, FL 33706	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, DENISE 10365 PARADISE #20 SAINT PETERSBURG, FL 33706	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, FRANK 10385 PARADISE BLVD#32 TREASURE ISLAND, FL 33706	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARMIENTO, ALBERTO 16365 PARADISE BLVD #19 TREASURE ISLAND, FL 33706	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREED, DEL 10365 PARADISE BLVD. #73 SAINT PETERSBURG, FL 33706	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Duggan, Tony 10375 Paradise Blvd #42 Treasure Island, FL 33706	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hall, Lois 10385 Paradise Blvd #32 Treasure Island, FL 33706	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gualicciello, Ronald 10379 Paradise Blvd #34 Treasure Island, FL 33706	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lois M. Hall</i> <i>5/10/07</i> <i>360-1356</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					