

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741942

FILED
Apr 28, 2008
Secretary of State

Entity Name: TREASURE ISLAND VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10365 PARADISE BLVD BLDG #1
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

C/O CONDOMINIUM MANAGEMENT GROUP INC.
P.O. BOX 47068
ST. PETERSBURG, FL 337437068

New Mailing Address:

C/O CONDOMINIUM MANAGEMENT GROUP INC.
P.O. BOX 60068
ST. PETERSBURG, FL 337840068 US

FEI Number: 59-1829278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELTON, RONALD
CONDOMINIUM MGMT GROUP
5444 PARK BLVD #101
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ELLISON, BERNICE
Address: 10365 PARADISE BLVD#17
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP () Delete
Name: DUSSIN, TONY
Address: 10375 PARADISE BLVD 42
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P () Delete
Name: HALL, LOUIS
Address: 10385 PARADISE BLVD#32
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: SARMIENTO, ALBERTO
Address: 16365 PARADISE BLVD #19
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: GUGLIUCCIello, RONALD
Address: 10379 PARADISE BLVD 34
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HALL, LISA
Address: 10375 PARADISE BLVD #62
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS HALL

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date