FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746076 (9)

1. Corporation Name
TREASURE ISLAND POINTS WEST APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12000 CAPRI CIR S TREASURE ISLAND FL 33706 US	PO BOX 86304 MADEIRA BEACH FL 33739 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1979
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2335470 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

AHIGIAN, MACY
539 JOHNS PASS AVE
MADEIRA BCH FL 33708

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] MACY AHIGIAN PRESIDENT 1.15.95
Signature, type 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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	HAFERKAMP, CARL	1.2 NAME		
STREET ADDRESS	12000 CAPRI CIR, SO	1.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND, FL00000	1.4 CITY-ST-ZIP		
TITLE	ATD	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	AHIGIAN, BARBARA	2.2 NAME		
STREET ADDRESS	539 JOHNS PASS AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	AHIGIAN, MACY	3.2 NAME		
STREET ADDRESS	539 JOHNS PASS AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BCH, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DANISE	4.2 NAME		
STREET ADDRESS	12375 6TH ST E	4.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LESTER, BETSY	5.2 NAME		
STREET ADDRESS	12000 CAPRI CR SO	5.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] MACY AHIGIAN PRESIDENT 1.15.95 813 392-3263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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