

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90265 023 ****61.25

0041892

DOCUMENT # 746076

1. Entity Name

TREASURE ISLAND POINTS WEST APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12000 CAPRI CIR S
 TREASURE ISLAND FL 33706
 US

250 104TH AVENUE
 TREASURE ISLAND FL 33706
 US

00040300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2335470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMONT MANAGEMENT
 LAMONT, SUE
 250 104TH AVENUE
 TREASURE ISLAND FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
 NAME STEWART, MAX
 STREET ADDRESS RR 1 SITE 2 BOX 11
 CITY-ST-ZIP BRECHIN ON ☐ Delete

TITLE PD ☒ Change ☐ Addition
 NAME Stewart, max
 STREET ADDRESS 12000 Capri Circle S. #10
 CITY-ST-ZIP Treasure Island, FL 33706

TITLE TD
 NAME ANDERSON, ROY
 STREET ADDRESS 7928 W 118TH ST
 CITY-ST-ZIP OVERLAND PARK KS 66210 ☐ Delete

TITLE TD ☒ Change ☐ Addition
 NAME ANDERSON, ROY
 STREET ADDRESS 12000 CAPRI CIRCLE S. #11
 CITY-ST-ZIP Treasure Island, FL 33706

TITLE PD ☒ Delete
 NAME ZIPPRICH, GENE
 STREET ADDRESS 12000 CAPRI CIRCLE S, #14
 CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE VD ☐ Change ☒ Addition
 NAME FERRARA, JUDY
 STREET ADDRESS 12000 CAPRI CIRCLES #25
 CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE SD
 NAME ANDERSON, DONNA
 STREET ADDRESS 7928 W 118TH ST
 CITY-ST-ZIP OVERLAND PARK KS 66210 ☐ Delete

TITLE SD ☒ Change ☐ Addition
 NAME ANDERSON, DONNA
 STREET ADDRESS 12000 CAPRI CIRCLE S #11
 CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE D
 NAME BARBEE, CHARLES
 STREET ADDRESS 12000 CAPRI CIRCLE S #19
 CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY ANDERSON

5/18/02

727-360-3644

CR2E037 (9/01)