2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90293 031 ****61.25

DOCUMENT # 746076

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

40060420

Principal Place of Business	Mailing Address
12000 CAPRI CIR S TREASURE ISLAND, FL 33706 US	250 104TH AVENUE TREASURE ISLAND, FL 33706 US

02222005 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	PD STEWART, MAX 12000 CAPRI CIRCLE S #10 TREASURE ISLAND, FL 33706	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBEE CHUCK 12000 CAPRI CIRCLE S. #19 TREASURE ISLAND FL 33706	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDERSON, ROY 12000 CAPRI CIRCLE S #11 TREASURE ISLAND, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ANDERSON ROY 12000 CAPRI CIRCLE S #11 TREASURE ISLAND FL 33706	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FERRARA, JUDY 12000 CAPRI CIRCLE S #25 TREASURE ISLAND, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, DONNA 12000 CAPRI CIRCLE S #11 TREASURE ISLAND, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYND, MATTHEW 12000 CAPRI CIRCLE S. TREASURE ISLAND, FL 33706	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESTER BETSY 12000 CAPRI CIRCLE S. #29 TREASURE ISLAND FL 33706	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Roy C Anderson Roy Anderson 4-15-05 727-360-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #