

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90051 032 \*\*\*\*61.25

**DOCUMENT # 746076**

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



Principal Place of Business  
**12000 CAPRI CIR S  
TREASURE ISLAND, FL 33706 US**

Mailing Address  
**250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US**

**40020043**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-NP CR2E037 (12/06)

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. 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, 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

TITLE **D** ☒ Delete  
NAME **BARBEE, CHUCK**  
STREET ADDRESS **12000 CAPRI CIR S #19**  
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **PTD** ☐ Delete  
NAME **ANDERSON, ROY**  
STREET ADDRESS **12000 CAPRI CIRCLE S #11**  
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **VD** ☐ Delete  
NAME **FERRARA, JUDY**  
STREET ADDRESS **12000 CAPRI CIRCLE S #25**  
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

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

TITLE **D** ☒ Delete  
NAME **LESTER, BETSY**  
STREET ADDRESS **12000 CAPRI CIR S #29**  
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **LOWE, BILL**  
STREET ADDRESS **12000 CAPRI CIRCLE S #1**  
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

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

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

TITLE **SD** ☐ Change ☒ Addition  
NAME **POWELSON JUNE**  
STREET ADDRESS **12000 CAPRI CIRCLE S #24**  
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **D** ☐ Change ☒ Addition  
NAME **BROOKS, MATT**  
STREET ADDRESS **8833 ROYAL ENCLAVE BLVD**  
CITY-ST-ZIP **TAMPA FL 33626**

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 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:**

*Roy Anderson* **Roy A. Anderson**

**2-8-07**

**727-360-6534**

Date

Daytime Phone #