

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746076

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

12000 CAPRI CIR S
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

250 104TH AVENUE
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-2335470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT MANAGEMENT
LAMONT, SUE
250 104TH AVENUE
TREASURE ISLAND, FL 33706 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: D () Delete
Name: LOWE, BILL
Address: 12000 CAPRI CIRCLE S #1
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PTD () Delete
Name: ANDERSON, ROY
Address: 12000 CAPRI CIRCLE S #11
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD () Delete
Name: O'CONNER, SHEILA
Address: 12000 CAPRI CIR S 16
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD () Delete
Name: MORRILL, TOM
Address: 12000 CAPRI CIR S 4
City-St-Zip: SAINT PETERSBURG, FL 33706 US

Title: D () Delete
Name: BROOKS, MATT
Address: 8833 ROYAL ENCLAVE BLVD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEWART, MAX
Address: 12000 CAPRI CIRCLE S #13
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD (X) Change () Addition
Name: ANDERSON, ROY
Address: 12000 CAPRI CIRCLE S #11
City-St-Zip: TREASURE ISLAND, FL 33706

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

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

Title: T (X) Change () Addition
Name: BROOKS, MATT
Address: 8833 ROYAL ENCLAVE BLVD
City-St-Zip: TAMPA, FL 33626

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: ROY ANDERSON

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date