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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:42

DOCUMENT # **747166** **(7)**

1. Corporation Name

BEACH VILLAS OF TREASURE ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10280 GULF BOULEVARD TREASURE ISLAND FL 33706	10280 GULF BOULEVARD TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1979
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2008519 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

THOMAS, JIM
10280 GULF BLVD.
TREASURE ISLAND FL 33706

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, typed 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	~~DVP~~	1.1 TITLE	D	☒ Change ☐ Addition
NAME	~~ANDREWS, BECKY~~	1.2 NAME	Mary Elizabeth BALL	
STREET ADDRESS	~~10280 GULF BLVD #25~~	1.3 STREET ADDRESS	47 Wellington Dr.	
CITY-ST-ZIP	~~TREASURE ISLAND FL~~	1.4 CITY-ST-ZIP	Stamford CT	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~MANK, DON~~	2.2 NAME	James A. Hall	
STREET ADDRESS	~~137 TIFFANY DRIVE~~	2.3 STREET ADDRESS	42 E. Central Ave	
CITY-ST-ZIP	~~WAYNESBORO VA~~	2.4 CITY-ST-ZIP	Camden, OH	
TITLE	~~D~~	3.1 TITLE	P/VP	☒ Change ☐ Addition
NAME	BALL, J. T	3.2 NAME		
STREET ADDRESS	47 WELLINGTON DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP		
TITLE	DST	4.1 TITLE		☐ Change ☐ Addition
NAME	GAMBLE, MARGARET	4.2 NAME		
STREET ADDRESS	4519 15 AVENUE NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	~~DVP~~	5.1 TITLE	D/P	☒ Change ☐ Addition
NAME	REBELE, DAVID	5.2 NAME		
STREET ADDRESS	6500 SUNSET WAY #414	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG 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)(k), 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: Margaret M. Gamble 2-28-95 (813) 327-9607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Margaret M. Gamble SECRETARY / TREASURER

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