

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**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

3. Date Incorporated or Qualified  
**05/14/1979**

3a. Date of Last Report  
**03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

**59-2008519**

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

24

25

Country

**FLORIDA**

29

Country

**FLORIDA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, JIM  
10280 GULF BLVD.  
TREASURE ISLAND FL 33706**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BALL, MARY E</b>	
STREET ADDRESS	<b>47 WELLINGTON DRIVE</b>	
CITY - ST - ZIP	<b>STANFORD CT</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>HALL, JAMES A</b>	
STREET ADDRESS	<b>42 E CENTRAL AVE</b>	
CITY - ST - ZIP	<b>CAMDEM OH</b>	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	<b>BALL, J. T</b>	
STREET ADDRESS	<b>47 WELLINGTON DR.</b>	
CITY - ST - ZIP	<b>STAMFORD CT</b>	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	<b>GAMBLE, MARGARET</b>	
STREET ADDRESS	<b>4519 15 AVENUE NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>REBELE, DAVID</b>	
STREET ADDRESS	<b>6500 SUNSET WAY #414</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BALL, MARY E.</b>	
1.3 STREET ADDRESS	<b>47 WELLINGTON DRIVE</b>	
1.4 CITY - ST - ZIP	<b>STAMFORD, CT 06903</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ANDREWS, BECKY</b>	
2.3 STREET ADDRESS	<b>917 CEDARCREAK SO.</b>	
2.4 CITY - ST - ZIP	<b>MARIETTA, GA 30067</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MANK, DONALD</b>	
4.3 STREET ADDRESS	<b>137 TIFFANY DRIVE</b>	
4.4 CITY - ST - ZIP	<b>WAYNESBORO, VA 22980</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*Mary E. Ball*

**MARY E. BALL**

**4/18/96**

**(203) 329-9410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)