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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33706-4811



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1979		3a. Date of Last Report 04/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2008519		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, MARY E	1.2 NAME	
STREET ADDRESS	47 WELLINGTON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STANFORD CT 06903	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, BECKY	2.2 NAME	
STREET ADDRESS	917 CEDAR CREEK SO	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30067	2.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANK, DONALD	4.2 NAME	
STREET ADDRESS	137 TIFFANY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESBORO VA 22980	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR & VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ROBERT HALL
STREET ADDRESS		6.3 STREET ADDRESS	3440 SOLDIERS HOME MIAMI RD.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33132-1032

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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**

4-21-97 203-329 9410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0050284**

CR2E037 (9/96)