



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90128 045 ****61.25

DOCUMENT # 764125					
1. Entity Name TREASURE SHORES BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10360 GULF BOULEVARD TREASURE ISLAND, FL 33706			Mailing Address 10360 GULF BOULEVARD TREASURE ISLAND, FL 33706		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2358834	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMANO, SANDRA E. 10360 GULF BOULEVARD TREASURE ISLAND, FL 33706			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME SMITH, WILMA STREET ADDRESS 6805 MONTE CARLO CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete		TITLE D NAME Pugh, Charles STREET ADDRESS 701-400 Ave. N. CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME MOORE, BARBARA P STREET ADDRESS 1720 60 ST SOUTH CITY-ST-ZIP SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME STARWYCK, STEPHEN STREET ADDRESS 7373 123 ST. NO. CITY-ST-ZIP SEMINOLE, FL 337725514	<input checked="" type="checkbox"/> Delete		TITLE VP. Starwyck, Stephen NAME 10360 - gulf Blvd. STREET ADDRESS Treasure Island Fl. 33706 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME VALORI, JUDITH STREET ADDRESS 9209 SEMINOLE BLVD. #33 CITY-ST-ZIP SEMINOLE, FL 33772	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME CERNE, ELLIS STREET ADDRESS 10360 GULF BLVD CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME VERHOERE, WILLIAM STREET ADDRESS 10360 GULF BLVD CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE P. NAME Verhoeve William STREET ADDRESS 10360 gulf Blvd. CITY-ST-ZIP Treasure Island Fl. 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sandra E. Romano</i>			4-24-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
SANDRA E. ROMANO <i>Registered Agent</i>					