

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 # **768219** (8)

1. Corporation Name

BEACH PLACE OF TREASURE ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **12512 1ST STREET WEST #3 TREASURE ISLAND FL 33706**
Mailing Address: **12512 1ST STREET WEST #3 TREASURE ISLAND FL 33706**

3. Date Incorporated or Qualified: **05/02/1983**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **59-2426679**
Applied For: Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, CARL M.
12512 1ST ST. W., #2
TREASURE ISLAND FL 33706**

81 Name: **JAMES W. ELLIOTT**
82 Street Address (P.O. Box Number is Not Acceptable): **12512 FIRST ST. W., #3**
83
84 City: **TREASURE ISLAND** FL 85 Zip Code: **33706**

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: *James W. Elliott* **JAMES W. ELLIOTT** DATE: **4/7/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, CARL M.	
STREET ADDRESS	12512 1ST ST. W., #2	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JAMES W.	
STREET ADDRESS	12512 FIRST ST W #3	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOUCHTON, LINDA H	
STREET ADDRESS	12512 FIRST ST W #1	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCHIANO, PAUL A.	
1.3 STREET ADDRESS	12512 1ST ST. W., #1	
1.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SALINSKI, THOMAS	
3.3 STREET ADDRESS	12512 1ST ST. W., #2	
3.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input 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: *James W. Elliott* DATE: **4/7/96** Daytime Phone #: **813-976-002**
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAMES W. ELLIOTT**

CR2E037 (12/95)