

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90011 049 \*\*\*\*61.25

**DOCUMENT # 768219**

1. Entity Name

**BEACH PLACE OF TREASURE ISLAND CONDOMINIUM ASSOC**

*UR*

Principal Place of Business

12512 1ST STREET WEST  
 #3  
 TREASURE ISLAND FL 33706

Mailing Address

12512 1ST STREET WEST  
 #3  
 TREASURE ISLAND FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2426679**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ELLIOTT, JAMES W.**  
 12512 FIRST STREET WEST  
 SUITE 3  
 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.

SIGNATURE *James W. Elliott STD*

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

(NOTE: Registered Agent signature required when reinstating)

*7/11/01*

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME  Delete  
**PD**  
**SCHIANO, PAUL A.**  
 STREET ADDRESS **12512 1ST ST, W #1**  
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE NAME  Delete  
**STD**  
**ELLIOTT, JAMES W.**  
 STREET ADDRESS **12512 FIRST ST W #3**  
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE NAME  Delete  
**D**  
**SALINSKI, THOMAS**  
 STREET ADDRESS **12512 FIRST ST, W, #2**  
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James W. Elliott STD*

*7/11/01*

*727-367-5381*

CR2E037 (5/01)