

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# 768219

Entity Name: BEACH PLACE OF TREASURE ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12512 1ST STREET WEST  
#3  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

12512 1ST STREET WEST  
#3  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 59-2426679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELLIOTT, JAMES W.  
12512 FIRST STREET WEST  
SUITE 3  
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD      ( ) Delete  
Name: ANGELINO, JOSEPH  
Address: 12512 1ST ST, W #1  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: STD      ( ) Delete  
Name: ELLIOTT, JAMES W  
Address: 12512 FIRST ST W #3  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: PD      ( ) Delete  
Name: DAVIS, PHILLIP J  
Address: 12512 FIRST ST, W, #4  
City-St-Zip: TREASURE ISLAND, FL 33706 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. ELLIOTT

STD

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date