**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

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95 APR 26 AM 10:48

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **C93000000004 (5)**

1. Corporation Name

**TREASURE ISLETTES**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 9264<br>TREASURE ISLAND FL 33740 | PO BOX 9264<br>TREASURE ISLAND FL 33740 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1955**
3a. Date of Last Report: **02/22/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / County 25 | Zip 29 / County 30 |

**9. Name and Address of Current Registered Agent**

RUSSIAN, BEVERLY
11605 1ST ST. E.
TREASURE ISLAND FL 33706

**10. Name and Address of New Registered Agent**

81 Name: JEAN BUDZINSKI
82 Street Address (P.O. Box Number is Not Acceptable): 700 Capri Blvd
83
84 City: Treasure Island Fl 33706 / FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jean Budzinski 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | PD ☒ Change ☐ Addition |
| NAME | RUSSIAN, BEVERLY | 12 NAME | Jean Budzinski |
| STREET ADDRESS | 11605 1ST ST. E. | 13 STREET ADDRESS | 700 Capri Blvd |
| CITY ST ZIP | TREASURE ISLAND FL 33706 | 14 CITY ST ZIP | Treasure Island, Fl 33706 |
| TITLE | VD | 21 TITLE | VD ☒ Change ☐ Addition |
| NAME | BUDZINSKI, JEAN | 22 NAME | Joey Hirst |
| STREET ADDRESS | 700 CAPRI BLVD. | 23 STREET ADDRESS | 11420 8th St. E. |
| CITY ST ZIP | TREASURE ISLAND FL 33706 | 24 CITY ST ZIP | Treasure Island, fl 33706 |
| TITLE | SD | 31 TITLE | SD ☒ Change ☐ Addition |
| NAME | PILZ, SHIRLEY | 32 NAME | Janet Eitutis |
| STREET ADDRESS | 255 CAPRI CIR #17 | 33 STREET ADDRESS | 11825 1st St. E. |
| CITY ST ZIP | TREASURE ISLAND FL 33706 | 34 CITY ST ZIP | Treasure Island Fl 33706 |
| TITLE | TD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | HUFFMAN, ANNAMARIE | 42 NAME | TS, 4/26/95 |
| STREET ADDRESS | 225 104TH AVE. APT. 210 | 43 STREET ADDRESS | |
| CITY ST ZIP | TREASURE ISLAND FL 33706 | 44 CITY ST ZIP | |
| TITLE | SD | 51 TITLE | SD ☒ Change ☐ Addition |
| NAME | HIRST, JOEY | 52 NAME | Peggy Kapili |
| STREET ADDRESS | 11420 8TH ST. E. | 53 STREET ADDRESS | 11912 Lagoon Ln |
| CITY ST ZIP | TREASURE ISLAND FL 33706 | 54 CITY ST ZIP | Treasure Island, Fla 33706 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | 700001468347 |
| STREET ADDRESS | | 63 STREET ADDRESS | -04/28/95--01061--019 |
| CITY ST ZIP | | 64 CITY ST ZIP | *****61.25 *****61.25 |

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:** Annamarie Huffman Jan 24, 1995 813-367-5119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074103