

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 # C93000000004 (5)

1. Corporation Name

TREASURE ISLETTES



Principal Place of Business

PO BOX 9264
TREASURE ISLAND FL 33740

Mailing Address

PO BOX 9264
TREASURE ISLAND FL 33740

3. Date Incorporated or Qualified
12/21/1955

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

BUDZINSKI, JEAN
700 CAPRI BLVD.
TREASURE ISLAND FL 33706

81 Name

JOEY HIRST

82 Street Address (P.O. Box Number is Not Acceptable)

11420 8th St. E.

83

TREASURE ISLAND, FLA 33706

84 City

FL

85 Zip Code

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 617.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BUDZINSKI, JEAN
STREET ADDRESS 700 CAPRI BLVD.
CITY-ST-ZIP TREASURE ISLAND FL 33706

1.1 TITLE PD
1.2 NAME JOEY HIRST
1.3 STREET ADDRESS 11420 8th St. E.
1.4 CITY-ST-ZIP TREASURE ISLAND, FLA 33706

TITLE VD
NAME HIRST, JOEY
STREET ADDRESS 11420 8TH ST. E.
CITY-ST-ZIP TREASURE ISLAND FL 33706

2.1 TITLE VD
2.2 NAME MAUDIE GURAK
2.3 STREET ADDRESS 111 123rd Ave.
2.4 CITY-ST-ZIP TREASURE ISLAND, FLA 33706

TITLE SD
NAME EITUTIS, JANET
STREET ADDRESS 11825 1ST ST. E.
CITY-ST-ZIP TREASURE ISLAND FL 33706

3.1 TITLE SD
3.2 NAME SHIRLEY CARLIN
3.3 STREET ADDRESS 11085 3rd St. E.
3.4 CITY-ST-ZIP TREASURE ISLAND, FLA 33706

TITLE TD
NAME HUFFMAN, ANNAMARIE
STREET ADDRESS 225 104TH AVE. APT. 210
CITY-ST-ZIP TREASURE ISLAND FL 33706

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 000001747620
4.4 CITY-ST-ZIP -03/18/96--01102--006
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TITLE SD
NAME KAPILI, PEGGY
STREET ADDRESS 11912 LAGOON LN
CITY-ST-ZIP TREASURE ISLAND FL 33706

5.1 TITLE SD
5.2 NAME SHIRLEY PILZ
5.3 STREET ADDRESS 255 CAPRI CIR. APT 17
5.4 CITY-ST-ZIP TREASURE ISLAND, FLA 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

ANNAMARIE HUFFMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/96

813-367-5119

Daytime Phone #

CR2E037 (12/95)