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FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
TREASURE ISLAND FL 33740PO BOX 9264
TREASURE ISLAND FL 33740-92643. Date Incorporated or Qualified
12/21/19553a. Date of Last Report
03/18/1996

4. FEI Number

59-6156212

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

HIRST, JOEY
11420 8TH ST. E.
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name

Maudie Gurak

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

111 123rd Ave

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 Maudie Gurak Maudie Gurak

3-5-97

Signature of agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. TITLE PD ☐ DELETENAME HIRST, JOEY
STREET ADDRESS 11420 8TH ST. E.
CITY - ST - ZIP TREASURE ISLAND FL 3370612. TITLE VD ☐ DELETENAME GURAK, MAUDIE
STREET ADDRESS 111 123RD AVE
CITY - ST - ZIP TREASURE ISLAND FL 3370612. TITLE SD ☐ DELETENAME CARLIN, SHIRLEY
STREET ADDRESS 11085 3RD ST. E.
CITY - ST - ZIP TREASURE ISLAND FL 3370612. TITLE SD ☐ DELETENAME PILZ, SHIRLEY
STREET ADDRESS 255 CAPRI CIR. APT 17
CITY - ST - ZIP TREASURE ISLAND FL 3370612. TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP12. TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition1.2 NAME Maudie Gurak
1.3 STREET ADDRESS 111 123rd Ave
1.4 CITY - ST - ZIP Treasure Island FL 337062.1 TITLE VD ☐ Change ☐ Addition2.2 NAME Pegge Kapili
2.3 STREET ADDRESS 11972 Lagoon Lane
2.4 CITY - ST - ZIP Treasure Island, FL 337063.1 TITLE SD ☐ Change ☐ Addition3.2 NAME Vera Bronson
3.3 STREET ADDRESS 500 Treasure Island Cswy #608
3.4 CITY - ST - ZIP Treasure Island FL 337064.1 TITLE SD ☐ Change ☐ Addition4.2 NAME Jeanne Caimano
4.3 STREET ADDRESS 554 Plaza Seville Ct. #104
4.4 CITY - ST - ZIP Treasure Island, FL 337065.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

maudie gurak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-97 813360-5076

Date

Daytime Phone # 0052358

CP2E037 (9/96)