

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004892

FILED  
Mar 16, 2005  
Secretary of State

**Entity Name:** TREASURE ISLAND HOTEL/MOTEL/HOSPITALITY ASSOCIATION, INC.

**Current Principal Place of Business:**

64 DOLPHIN DRIVE  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

64 DOLPHIN DRIVE  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

COWARD, CAROL L CPA  
64 DOLPHIN DRIVE  
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: VP                      ( ) Delete  
Name: WEISGERBER, CHARLES  
Address: 61 DOLPHIN DR  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P                      ( ) Delete  
Name: BLACK, HARRY  
Address: 9980 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP                      ( ) Delete  
Name: RYEL, SUZEE-RAY  
Address: 12620 GULF BLVD.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP                      ( ) Delete  
Name: WILSON, IAN  
Address: 10750 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP                      ( ) Delete  
Name: BURNS, AMY  
Address: 10650 GULF BLVD.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S                      ( ) Delete  
Name: DONOVAN, KAREN  
Address: 12600 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

**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:

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 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 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: HARRY BLACK

P

03/16/2005

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

\_\_\_\_\_  
Date