

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

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N02000002915

1. Entity Name

TREASURE ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5004 THOMAS DR
PANAMA CITY BEACH, FL 32408

Mailing Address

5004 THOMAS DR
PANAMA CITY BEACH, FL 32408



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2104142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HESS, BRIAN
9103 FRONT BEACH ROAD
PANAMA CITY, FL 32407

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
COOK, JARK
212 STONEHAVEN CT
DOTHAN, AL 36305

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
THOMAS, LARRY C
1606 CARY CT
CULLMAN, AL 35055

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
SUMNER, DAVID
2225 LONG COVE CIR
NEWBURGH, IN 47630

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000904298
05/01/08-80007-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #