## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002915

FILED Mar 20, 2009 Secretary of State

Entity Name: TREASURE ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5004 THOMAS DR

PANAMA CITY BEACH, FL 32408

Current Mailing Address: New Mailing Address:

5004 THOMAS DR

PANAMA CITY BEACH, FL 32408

FEI Number: 54-2104142 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HESS, BRIAN KASPAR, TOM

9103 FRONT BEACH ROAD 5004 THOMAS DRIVE

PANAMA CITY, FL 32407 US PANAMA CITY, FL 32407 US

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: TOM KASPAR 03/20/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: S () Delete Title: DP (X) Change () Addition

Name:COOK, JARKName:KITE, DOROTHYAddress:212 STONEHAVEN CTAddress:125 VICTORIA PLACE

City-St-Zip: DOTHAN, AL 36305 US City-St-Zip: FAYETTEVILLE, GA 30214 US

Title: P ( ) Delete Title: DVPT (X) Change ( ) Addition Name: THOMAS, LARRY C Name: REGISTER, MARK A

 Address:
 1606 CARY CT
 Address:
 PO BOX 1327

 City-St-Zip:
 CULLMAN, AL 35055
 City-St-Zip:
 BONIFAY, FL 32425

Title: VP ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 SUMNER, DAVID
 Name:
 WATSON, ROBERT S

 Address:
 2225 LONG COVE CIR
 Address:
 PO BOX 310574

 City-St-Zip:
 NEWBURGH, IN 47630
 City-St-Zip:
 ENTERPRISE, AL 36330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK A. REGISTER DVPT 03/20/2009