

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005932

FILED
Aug 25, 2006
Secretary of State

Entity Name: TREASURE POINT HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

112 BIG SPRINGS DRIVE
NAPLES, FL 34113

New Principal Place of Business:

116 FOREST HILLS BLVD.
NAPLES, FL 34113

Current Mailing Address:

112 BIG SPRINGS DRIVE
NAPLES, FL 34113

New Mailing Address:

116 FOREST HILLS BLVD.
NAPLES, FL 34113

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TIMOTHY J. COTTER PA
599 9TH STREET NORTH
SUITE 313
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

MICHAEL A. BAVIELLO, JR., P.A.
1025 FIFTH AVENUE NORTH
NAPLES, FL 34102 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: MICHAEL A. BAVIELLO, JR.

08/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOURQUE, PAUL E
Address: 112 BIG SPRINGS DRIVE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: BOURQUE, MARIANNE H
Address: 112 BIG SPRINGS DRIVE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: BOURQUE, JASON P
Address: 112 BIG SPRINGS DRIVE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DARDIS, THOMAS
Address: 116 FOREST HILLS BLVD.
City-St-Zip: NAPLES, FL 34113

Title: D (X) Change () Addition
Name: MOLL, JOEL
Address: 117 FOREST HILLS BLVD.
City-St-Zip: NAPLES, FL 34113

Title: D (X) Change () Addition
Name: WALTERS, STEVEN J
Address: 15720 RIDGEMONT AVENUE
City-St-Zip: URBAN DALE, IA 50323

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS DARDIS

PD

08/25/2006

Electronic Signature of Signing Officer or Director

Date