



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000005932	
1. Entity Name TREASURE POINT HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 116 FOREST HILLS BLVD. NAPLES, FL 34113	Mailing Address 116 FOREST HILLS BLVD. NAPLES, FL 34113
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04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5824638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000938047 05/27/08-80075-016 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARDIS, THOMAS 116 FOREST HILLS BLVD. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLL, JOEL 117 FOREST HILLS BLVD. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, STEVEN J 15720 RIDGEMONT AVENUE URBANDALE, IA 50323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS F. DARDIS Pres

7-26-08 **239 7326825**
Date Daytime Phone #