

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005932

FILED  
Mar 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

116 FOREST HILLS BLVD.  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**  
116 FOREST HILLS BLVD.  
NAPLES, FL 34113

**New Mailing Address:**

FEI Number: 20-5824638      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

DARDIS, THOMAS  
116 FOREST HILLS BLVD.  
NAPLES, FL 34113 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: THOMAS DARDIS

03/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Delete  
Name: WALTERS, STEVEN J  
Address: 15720 RIDGEMONT AVENUE  
City-St-Zip: URBANDALE, IA 50323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS DARDIS

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date