
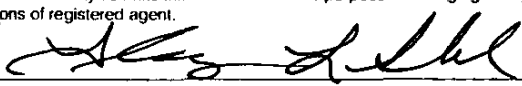
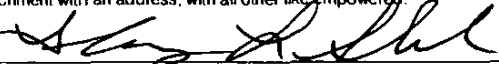


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 021 ****61.25

DOCUMENT # N06000012492 1. Entity Name PALMS OF TREASURE ISLAND CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2101 W. PLATT ST., STE. 200 TAMPA, FL 33606		Mailing Address 2101 W. PLATT ST., STE. 200 TAMPA, FL 33606
2. Principal Place of Business - No P.O. Box # 10315 Gulf Blvd Suite, Apt. #, etc.	3. Mailing Address 13030 Gulf Blvd Suite, Apt. #, etc.	
City & State Treasure Island, FL Zip 33706	City & State Madeira Beach, FL Zip 33708	Country U.S.
4. FEI Number 20-8775024		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOFSTRA, PETER T. 8640 SEMINOLE BLVD. SEMINOLE, FL 33772		
7. Name and Address of New Registered Agent Name: TRS, Inc. Street Address (P.O. Box Number is Not Acceptable): 13030 Gulf Blvd City: Madeira Beach FL Zip Code: 33708		
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:  DATE: 7-2-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by September 12, 2008		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GULUZIAN, ARAM 2101 W. PLATT ST., STE. 200 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LUM, JOHN 2101 W. PLATT ST., STE. 200 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HAMILTON, JACK 311 N. NEWPORT AVE., STE. 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susan Kudryk 202 W. Davis Blvd Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed Curtin 9573 N. Trask St. Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Giamarco 3414 Bayto Bay Blvd Ste 200 Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: 7-2-08 727-393-2534 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		