


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90045 016 \*\*\*\*61.25

<b>DOCUMENT # N06190</b> 1. Entity Name <b>TREASURE ISLAND LAGOONS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O LAMONT MANAGEMENT CO. 250 104TH AVE. TREASURE ISLAND, FL 33706 US</b>			Mailing Address <b>C/O LAMONT MANAGEMENT CO. 250 104TH AVE. TREASURE ISLAND, FL 33706 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LAMONT, SUE 250 104 AVE TREASURE ISLAND, FL 33706</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEFILIPPI, ERNIE		NAME	DEFILIPPI, ERNIE	
STREET ADDRESS	9901 1ST STREET E		STREET ADDRESS	9901 1st St. E.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	STD <input type="checkbox"/> Delete		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYEITE, MORJORIE A		NAME	LINSLEY, MARJORIE	
STREET ADDRESS	PO BOX 505		STREET ADDRESS	9901 1st St. E.	
CITY-ST-ZIP	BROAD BROOK, CT 06016		CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, BARRY		NAME		
STREET ADDRESS	32 FELTON LEA		STREET ADDRESS		
CITY-ST-ZIP	SIDEUP, KENT, EN		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-16-07      727-363-4839 <small>Date      Daytime Phone #</small>		

40060004



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2476122**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**FL**      Zip Code