



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90033 048 \*\*\*\*70.00

<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 # <b>9901 1<sup>ST</sup> ST E</b> Suite, Apt. #, etc. <b>Unit E</b> City & State <b>Treasure Island, FL</b> Zip <b>33706</b> Country <b>USA</b>		3. Mailing Address <b>9901 1<sup>ST</sup> ST E</b> Suite, Apt. #, etc. <b>Unit E</b> City & State <b>Treasure Island, FL</b> Zip <b>33706</b> Country <b>USA</b>			
4. FEI Number <b>59-2476122</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01112008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>LAMONT, SUE 250 104 AVE TREASURE ISLAND, FL 33706</b>			7. Name and Address of New Registered Agent Name <b>Linsley, Marjorie A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9901-1<sup>ST</sup> ST E</b> <b>Unit E</b> City <b>Treasure Island</b> <b>FL</b> Zip Code <b>33706</b>		
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 <u><i>Marjorie A. Linsley, Director/Treasurer/Secretary</i></u> <b>01-18-08</b> <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, 2008</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 NAME STREET ADDRESS CITY-ST-ZIP	VD DEFILIPPI, ERNIE 9901 1ST STREET E TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LINSLEY, MARJORIE 9901 1ST ST E TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, BARRY 32 FELTON LEA SIDEUP, KENT, EN	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b> <u><i>Marjorie A. Linsley</i></u> <b>Marjorie A. Linsley, Director</b>			<b>01-18-08</b> <b>727-360-5212</b> <small>Date Daytime Phone #</small>		