


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90046 035 ****61.25

DOCUMENT # N09484 1. Entity Name TREASURE ISLAND CLUB ASSOCIATION, INC.					
Principal Place of Business 300 COLUMBIA DRIVE CAPE CANAVERAL, FL 32920			Mailing Address P.O. BOX 1042 CAPE CANAVERAL, FL 32920 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 300 Columbia Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3105			
City & State		City & State Cape Canaveral FL			
Zip 32920	Country USA	4. FEI Number 59-2541154		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLAGSHIP ASSOC MGMT ENT INC 11121 WOODMERE DR JACKSONVILLE, FL 32210 <i>C/o Treasure Island Club 300 Columbia Dr. #3105 Cape Canaveral FL 32920</i>					
7. Name and Address of New Registered Agent FLAGSHIP ASSOC MGMT ENT INC 11121 WOODMERE DR JACKSONVILLE, FL 32210 <i>C/o Treasure Island Club 300 Columbia Dr. #3105 Cape Canaveral FL 32920</i>					
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) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD	NAME HAYES, KAREN		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 300 COLUMBIA DR #2406	CITY-ST-ZIP CAPE CANAVERAL, FL 32920				
TITLE VD	NAME RAGLEY, JOHN		<input type="checkbox"/> Delete		
STREET ADDRESS 300 COLUMBIA DR #3206	CITY-ST-ZIP CAPE CANAVERAL, FL 32920				
TITLE PD	NAME LEDoux, MAURICE		<input type="checkbox"/> Delete		
STREET ADDRESS 300 COLUMBIA DR 3506	CITY-ST-ZIP CAPE CANAVERAL, FL 32920				
TITLE D	NAME CARSON, WILLIAM R		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 300 COLUMBIA DR 2102	CITY-ST-ZIP CAPE CANAVERAL, FL 32920				
TITLE TD	NAME MARSHALL, DAN		<input type="checkbox"/> Delete		
STREET ADDRESS 300 COLUMBIA DR #3304	CITY-ST-ZIP CAPE CANAVERAL, FL 32920				
TITLE Christian, JERRY	NAME 300 Columbia Dr, # 2201		<input type="checkbox"/> Delete		
STREET ADDRESS Cape Canaveral, FL	CITY-ST-ZIP 32920				
TITLE Treasurer (TD)	NAME TREASURE ISLAND CLUB		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 300 COLUMBIA DR #3105	CITY-ST-ZIP CAPE CANAVERAL FL 32920				
TITLE PRESIDENT	NAME TREASURE ISLAND CLUB		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 300 COLUMBIA DR #3105	CITY-ST-ZIP CAPE CANAVERAL FL 32920				
TITLE Secretary (SD)	NAME TREASURE ISLAND CLUB		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 300 COLUMBIA DR #3105	CITY-ST-ZIP CAPE CANAVERAL FL 32920				
TITLE Director (D)	NAME TREASURE ISLAND CLUB		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 300 COLUMBIA DR #3105	CITY-ST-ZIP CAPE CANAVERAL FL 32920				
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: <i>Maurice Ledoux</i> 4/15/08 321-783-2777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					