

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14189 (7)

1. Corporation Name

TREASURE ISLAND TENNIS & YACHT CLUB CORPORATION
OF PINELLAS

Principal Place of Business

400 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706-1131

Mailing Address

400 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706-1131

FILED

May 15, 1996 08:00 AM

Secretary of State



900001823589

-05/15/96--01141--035

3. Date of Registration or Qualification
03/31/1996

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2670733

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBNICEK, KATHLEEN
7834 CAUSEWAY BLVD., NORTH
ST PETERSBURG FL 33707

81 Name
Thompson, William

82 Street Address (P.O. Box Number is Not Acceptable)
615 1st Avenue South

83

84 City
Tierra Verde

FL

85 Zip Code
33715

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

William Thompson

William Thompson

4-25-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DUBNICEK, KATHLEEN
STREET ADDRESS 7834 CAUSEWAY BLVD., NORTH
CITY-ST-ZIP ST PETERSBURG FL 33707 ☒ DELETE

TITLE VD
NAME THOMPSON, WILLIAM
STREET ADDRESS 615 1ST AVENUE SOUTH
CITY-ST-ZIP TIERRA VERDE FL 33715 ☒ DELETE

TITLE T
NAME TAYLOR, ROBERT
STREET ADDRESS 16001 4TH STREET EAST
CITY-ST-ZIP REDINGTON BEACH FL 33708 ☒ DELETE

TITLE S
NAME PENNINGTON, GEORGE
STREET ADDRESS 13420 LAS PALMAS DRIVE
CITY-ST-ZIP LARGO FL 34644 ☒ DELETE

TITLE PCD
NAME DUDINSKY, JOHN
STREET ADDRESS 8055 12TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33707 ☒ DELETE

TITLE D
NAME SONTAG, MARJORIE
STREET ADDRESS 450 TREASURE ISLAND CAUSEWAY, STE. 702
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Thompson, William
1.3 STREET ADDRESS 615 1st Avenue South
1.4 CITY-ST-ZIP Tierra Verde, FL 33715 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Sontag, Marjorie
2.3 STREET ADDRESS 450 Treasure Island Causeway #702
2.4 CITY-ST-ZIP Treasure Island, FL 33706 ☒ Change ☐ Addition

3.1 TITLE T
3.2 NAME Richard Prestera
3.3 STREET ADDRESS 6650 Sunset Way #120
3.4 CITY-ST-ZIP St. Pete Beach, FL 33706 ☒ Change ☐ Addition

4.1 TITLE S
4.2 NAME William Garvey
4.3 STREET ADDRESS 6713 Cardinal Drive South
4.4 CITY-ST-ZIP St. Petersburg, FL 33707 ☒ Change ☐ Addition

5.1 TITLE PCD
5.2 NAME Dubnick, Kathleen
5.3 STREET ADDRESS 7834 Causeway Boulevard North
5.4 CITY-ST-ZIP St. Petersburg, FL 33707 ☒ Change ☐ Addition

6.1 TITLE D
6.2 NAME Taylor, Robert
6.3 STREET ADDRESS 16001 4th Street East
6.4 CITY-ST-ZIP Redington Beach, FL 33708 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Robert M. Taylor* Robert M. Taylor 4-25-96 813-367-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)