


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90462 003 \*\*\*\*61.25

<b>DOCUMENT # N14189</b> 1. Entity Name <b>TREASURE ISLAND TENNIS &amp; YACHT CLUB CORPORATION OF PINELLAS</b>					
Principal Place of Business <b>400 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706-1131</b>				Mailing Address <b>400 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706-1131</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2670733</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MEYER, JOSEPH B 400 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE: <i>Joseph B Meyer</i>  <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> <b>4-20-04</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</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	<b>VD KIMMERLING, LARRY 17900 GULF BLVD., #12-A REDINGTON SHORES FL 33708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Commodore Chambers, Jeffrey K. 11180 8th St. East Treasure Island, FL 33706</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WRAY, DONALD 450 TREASURE ISLAND CAUSEWAY, #207 TREASURE ISLAND FL 33706</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Commodore Magno, Ralph A. 11168 Kapok Grand Circle Madeira Beach, FL 33708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD MARGER, DAVID S 1918 FOLLOW THRU ROAD N. SAINT PETERSBURG FL 33710</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rear Commodore Baumann, Jr., John 12023 Nicklaus Circle Tampa, FL 33624</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STRUCHEN, FRANK 9825 HARREL AVENUE, #402 TREASURE ISLAND FL 33706</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Brusini, Andrew 255 Capri Circle N. #24 Treasure Island, FL 33706</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DRC CHAMBERS, JEFFREY 11180 8TH STREET EAST TREASURE ISLAND FL 33706</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Bozeman III, William 8022 Stimie Avenue N. St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD KIEFFER, JON C 12202 2ND STREET E. SAINT PETERSBURG FL 33706</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Past Commodore Kimmerling, Larry 17900 Gulf Blvd. #12-A Redington Shores, FL 33708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Jeffrey K. Chambers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>JEFFREY K. CHAMBERS</b>			<div style="display: flex; justify-content: space-between;"> <div> <b>4-20-04</b>  <small>Date</small> </div> <div> <b>727-367-4511</b>  <small>Daytime Phone #</small> </div> </div>		