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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006941 (5)
 1. Corporation Name
TREASURE ISLAND ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
11400 1ST STREET EAST TREASURE ISLAND FL 33706		11400 1ST STREET EAST TREASURE ISLAND FL 33706	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	29. Country	25. Country	30. Country

3. Date Incorporated or Qualified
12/15/1997

4. FEI Number
59-3483024

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

DECKER, CHARLES F
10209B GULF BLVD
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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: *Charles F. Decker* **CHARLES F. DECKER** DATE: _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINNER, F. RICHARD	1.2 NAME	WENDY MATHISON
STREET ADDRESS	11400 1ST STREET EAST	1.3 STREET ADDRESS	10699 GULF BLVD.
CITY-ST-ZIP	TREASURE ISLAND FL 33706	1.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	JULIE BURCH <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VADNAIS, RED	2.2 NAME	11305 4TH ST E.
STREET ADDRESS	750 CAPRI BLVD	2.3 STREET ADDRESS	TREASURE ISLAND FL 33706
CITY-ST-ZIP	TREASURE ISLAND FL 33706	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	BOARD OF DIRECTORS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLSWORTH, BUTCH	3.2 NAME	DAN LEUHAN
STREET ADDRESS	11285 4TH STREET EAST	3.3 STREET ADDRESS	33 81ST AVE.
CITY-ST-ZIP	TREASURE ISLAND FL 33706	3.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	D BOARD OF DIRECTORS <input type="checkbox"/> DELETE	4.1 TITLE	BOARD OF DIRECTORS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALMAIN, RICHARD	4.2 NAME	SANDRA E. SMITH
STREET ADDRESS	11305 4TH STREET EAST	4.3 STREET ADDRESS	10709 GULF BLVD.
CITY-ST-ZIP	TREASURE ISLAND FL 33706	4.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	BOARD OF DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RICHARD	5.2 NAME	SKIP PASO HALL
STREET ADDRESS	10601 GULF BLVD	5.3 STREET ADDRESS	770 119 AVE.
CITY-ST-ZIP	TREASURE ISLAND FL 33706	5.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	D BOARD OF DIRECTORS <input type="checkbox"/> DELETE	6.1 TITLE	GEORGE FIBER BOARD OF DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATUS, WENDY	6.2 NAME	10520 4TH ST E.
STREET ADDRESS	6464 3RD AVE SOUTH	6.3 STREET ADDRESS	TREASURE ISLAND FL 33706
CITY-ST-ZIP	ST PETERSBURG FL 33707	6.4 CITY-ST-ZIP	

14. 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 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 13-4, changed, or on an attachment with an address.

SIGNATURE: *J. Paul Davidson* **J. PAUL DAVIDSON** 4/15/98 813-367-2087

CR2E037 (10/97)