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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 11400 1ST STREET EAST TREASURE ISLAND FL 33706	Mailing Address 11400 1ST STREET EAST TREASURE ISLAND FL 33706
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3. Date Incorporated or Qualified
12/15/1997

4. FEI Number 59-3483024	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 City & State	28 City & State
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24 Zip	25 Country	29 Zip	30 Country
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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

10. Name and Address of New Registered Agent

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

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, and I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Charles F. Decker* **CHARLES F. DECKER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. PRESIDENT SPINNER, F. RICHARD 11400 1ST STREET EAST TREASURE ISLAND FL 33706 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2. VICE PRESIDENT VADNAIS, RED 750 CAPRI BLVD TREASURE ISLAND FL 33706 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3. ELLSWORTH, BUTCH 11285 4TH STREET EAST TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4. BOARD OF DIRECTORS VALMAIN, RICHARD 11305 4TH STREET EAST TREASURE ISLAND FL 33706 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5. TAYLOR, RICHARD 10601 GULF BLVD TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6. BOARD OF DIRECTORS STRATUS, WENDY 6464 3RD AVE SOUTH ST PETERSBURG FL 33707 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TREASURER WENDY MATHISON 10699 GULF BLVD. TREASURE ISLAND FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	JULIE BURCH 11305 4TH ST E. TREASURE ISLAND FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	BOARD OF DIRECTORS DAN LENEHAN 33 81ST AVE. TREASURE ISLAND FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	BOARD OF DIRECTORS SANDRA E. SMITH 10709 GULF BLVD. TREASURE ISLAND FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	BOARD OF DIRECTOR SKIP PASCHALL 770119 AVE. TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	GEORGE F. BER BOARD OF DIRECTOR 10520 4TH ST E. TREASURE ISLAND FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or on an attachment with an address.

SIGNATURE: *S. F. Decker* **S. F. DECKER**

4/15/98

813-367-2087

CR2E037 (10/97)