## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State <sup>3</sup> DIVISION OF CORPORATIONS

## DOCUMENT # N9700006941

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

## FILED Mar 14, 1999 8:00 am § Secretary of State

03-14-1999 90027 013 \*\*\*\*61.25

				( (ESI()E) 514 72111 75517 5411 6411 6411 6411	
Principal Place of Business		2a. Mailing Address		Date Incorporated or Qualifed     12/15/1997	
Suite, Apt.	# etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	,,, 0.00	27		59-3483024	Not Applicable
City & State		City & State			\$8.75 Additional
23	~	28		5. Certifcate of Status Desired	Fee Required '
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be .
24	25	29 30	¬ '	Trust Fund Contribution	Added to Fees
24	9. Name and Address of Current		1	10. Name and Address of New Registered	Agent
	- Hand and Adain		81 Name		÷ .
550/55	01451505			( A C ) I have black a section	
DECKER, CHARLES F			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
10209B GULF BLVD			83		
TREASUR	E ISLAND FL 33706			·	
,			84 City	··FL	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named co	proporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changing its registered
office or r	egistered agent, or both, in the State o	f Florida, Such change was auth	orized by the corpora	ation's boald of directors. I hereby accept the appoint	ntment as registered
			777 ().	4 1 1 2	C-90
SIGNATURE	HARLES T. DECKE Signature, typed or printed hame of registered agent	and title if applicable (NOTF: Re	gistered Agent signature req	uired when reinstating) DATE	<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	BOD	Change  Addition
NAME	SPINNER, F. RICHARD		1.2 NAME	TRISH KIEFFER	•
_	11400 1ST STREET EAST		1.3 STREET ADDRESS	12255 4TH ST.E.	`
STREET ADDRESS			1.4 CITY-ST-ZIP	TOFASHOF TELAND F	L. 33706
CITY-ST-ZIP	TREASURE ISLAND FL 33706	☐ DELETE	2.1 TITLE	B. O. D.	Change
TITLE	DVP	- Detere			<b>~</b> • -
NAME	VADNAIS, RED		. 2.2 NAME	GEORGE FIBER 12520 4TH ST.E.	
STREET ADDRESS	750 CAPRI BLVD		2.3 STREET ADDRESS		2746
CITY-ST-ZIP	TREASURE ISLAND FL 33706		2. 4 CITY-ST-ZIP	TREASURE ISLAND FL. 3	Change Addition
TITLE	T	DELETE	3.1 TITLE	\$00	Kichalide Discount
NAME	MATHISON, WENDY		3.2 NAME	DAN LENGHAN	* 1
STREET ADDRESS	10699 GULF BLVD.		3.3 STREET ADDRESS	9701-1ST ST. E.	4074
CITY-ST-ZIP	TREASURE ILSAND FL 33706		3.4. CITY-ST-ZIP	TREASURE TELAND Th.	33706
TITLE	BOD	DELETE	4.1 TITLE	Bo.D.	Change Addition
NAME	VALMAIN, RICHARD		4, 2 NAME	SKID PASCHALL	ļ
STREET ADDRESS	11305 4TH STREET EAST		4.3 STREET ADDRESS	776-119 AUE.	205.6
CITY-\$T-ZIP	TREASURE ISLAND FL 33706		4.4 CITY-ST-ZIP	TREASURE JELAND Th	33706
TITLE	BOD	DELETE	5.1 TITLE		☐ Change ☐ Additioп
NAME	BURCH, JULIE		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL 33706		5.4 CITY-ST-ZIP	·	
TITLE	BOD	☐ DELETE	6.1 TITLE		· Change Addition
NAME	1		6.2 NAME		
	STRATUS, WENDY		6.3 STREET ADDRÉSS		ļ
STREET ADDRESS	6464 3RD AVE SOUTH		EACITY ST 710		1

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 opporation or the receiver or truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PINED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 99 727-367-2087 Date Davimo Phone # CR2E037 (11/9