

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

01-10-2005 90023 008 ****61.25

DOCUMENT # N97000006941					
1. Entity Name TREASURE ISLAND BUSINESS ASSOCIATION, INC.					
Principal Place of Business 12520 4TH STREET EAST TREASURE ISLAND, FL 33706			Mailing Address 138 107TH AVENUE P.O. BOX 195 TREASURE ISLAND, FL 33706		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3483024				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIBER, GEORGE 12520 4TH STREET EAST TREASURE ISLAND, FL 33706			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME BROWN, KENNETH STREET ADDRESS 10217 PARADISE BLVD CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE P NAME BENJAMIN H. HETRICK STREET ADDRESS 200 104th Ave CITY-ST-ZIP TREASURE Island, FLA 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME GREGG, DAVID STREET ADDRESS 286 107TH AVENUE CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE S NAME DAVID MOORE STREET ADDRESS 138 107TH AVE CITY-ST-ZIP TREASURE ISLAND FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME FIBER, GEORGE STREET ADDRESS 12520 4TH STREET EAST CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME KNOWLES, HOWARD STREET ADDRESS GULF BLVD CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input 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>George Fiber</i> GEORGE FIBER			01/10/05 727-432-5640 <small>Date Daytime Phone #</small>		