2008 NOT-FOR-PROFIT CORPORATION --☆NNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000006941

TREASURE ISLAND BUSINESS ASSOCIATION, INC.



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

12520 4TH STREET EAST TREASURE ISLAND, FL 33706 Mailing Address

12520 4TH STREET EAST TREASURE ISLAND, FL 33706



01032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3483024 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIBER, GEORGE 12520 4TH STREET EAST

DO NOT WRITE

TREASURE ISLAND, FL 33706			IN THIS SPACE			
the obligat	tions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	pt
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	_
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000907793 05/06/08-80002-013 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T GREGG, DAVID 6827 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33707 S MOORE, DAVID 138 107TH AVENUE TREASURE ISLAND, FL 33706 P					
NAME STREET ADDRESS CITY-ST-ZIP TITLE	FIBER, GEORGE 12520 4TH STREET EAST TREASURE ISLAND, FL 33706 VP			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	SPINNER, RICHARD TREASURE ISLAND CAUSEWAY TREASURE ISLAND, FL 33706			•••		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
TITLE NAME STREET ADDRESS						

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP