

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004508

FILED
Apr 13, 2009
Secretary of State

Entity Name: TREASURE ISLE MOBILE HOME PARK, INC.

Current Principal Place of Business:

141 ROYAL PALM CIRCLE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

142 ROYAL PALM CIRCLE
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-2511619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BADER, MARILYN
8 ROYAL PALM CIR.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

KLIMENT, MICHAEL
59 WINDWARD COURT
PORT ORANGE, FL 32127 US

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.

SIGNATURE: MICHAEL KLIMENT

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BADER, MARILYN
Address: 8 ROYAL PALM CIR.
City-St-Zip: PT ORANGE, FL 32127

Title: V () Delete
Name: KLIMENT, MICHAEL
Address: 59 WINDWARD CT.
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: KLIMENT, DAN
Address: 5 ROYAL PALM CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: HUFF, DORA
Address: 5 ROYAL PALM CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: DIETRICH, CAROL
Address: 120 FLAMINGO DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: NOVAK, DONNA
Address: 7 ROYAL PALM CIR.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KLIMENT, MICHAEL
Address: 59 WINDWARD COURT
City-St-Zip: PT ORANGE, FL 32127

Title: V (X) Change () Addition
Name: NYE,, VERNON
Address: 33 ROYAL PALM CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUGAN, PAT
Address: 113 FLAMINGO DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change () Addition
Name: TAYLOR, JAMES
Address: 64 TROPICAL COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change () Addition
Name: BRANCHAUD, PHYLLIS
Address: 47 WINDWARD COURT
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS BRANCHAUD

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date