

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90184 004 ****70.00

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1. Entity Name

TREASURE ISLETTES INC.



Principal Place of Business

TREASURE ISLETTES, INC.
ONE PARK PLACE TREASURE ISLAND
SAINT PETERSBURG FL 33706

Mailing Address

TREASURE ISLETTES, INC.
P.O. BOX 9464
TREASURE ISLAND FL 33740



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6156212

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELKER, NANCY
11137 2ND STREET E
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLF, LINDA	
STREET ADDRESS	140 SUN ISLE CIR	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONNELLY, ROBERTA	
STREET ADDRESS	166 SUN ISLE CIR	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CACCAVALE, HARRIET	
STREET ADDRESS	513 PLAZA SEVILLE CT #21	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	P	<input type="checkbox"/> Delete
NAME	TYLER, LINDA	
STREET ADDRESS	19 BELLEVUE DR	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	BARTLETT, RUTH	
STREET ADDRESS	10007 S YACHT CLUB DR	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Nicki Clark	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	511 Plaza Seville Ct. #22	
STREET ADDRESS	Treasure Island, FL 33706	
CITY - ST - ZIP		
TITLE	Carol Lee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	645 115th Ave.	
STREET ADDRESS	Treasure Island, FL 33706	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PAM BAKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12608 Lagoon Lane	
STREET ADDRESS	Treasure Island, FL 33706	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Jean Welker, President

727-367-9223

Date

Daytime Phone #