

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725927

FILED
Jan 27, 2017
Secretary of State
CC8105859442

Entity Name: TREASURE ISLAND TENNIS & YACHT CLUB CONDOMINIUM
#1, INC.

Current Principal Place of Business:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702

Current Mailing Address:

C/O ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH SUITE 301
ST. PETERSBURG, FL 33702 US

FEI Number: 59-1564619**Certificate of Status Desired: No****Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 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 FLEMING**01/27/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MUNSON, THERESA
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title VP
Name ORBE, JAYNE
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER
Name SULLIVAN, JAMES
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name HOBBS, SUSAN
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name PAGE, PATRICIA
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name PERLMAN, ROBIN
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

I hereby 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 all other like empowered.

SIGNATURE: THERESA MUNSON**PRESIDENT****01/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date