2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 07, 2025
Secretary of State
8429842513CC

DOCUMENT# 746076

Entity Name: TREASURE ISLAND POINTS WEST APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

LAMONT MANAGEMENT
PO BOX 40946
ST PETERSBURG, FL 33743

Current Mailing Address:

LAMONT MANAGEMENT
PO BOX 40946
ST PETERSBURG, FL 33743 US

FEI Number: 59-2335470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMONT MANAGEMENT
LAMONT MANAGEMENT
PO BOX 40946
ST PETERSBURG, FL 33743 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: STEPHANIE HENDRIX 04/07/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP	Title	SECRETARY
Name	BROOKS, MATTHEW	Name	HANSEN, YVONNE
Address	LAMONT MANAGEMENT PO BOX 40946	Address	LAMONT MANAGEMENT PO BOX 40946
City-State-Zip:	ST PETERSBURG FL 33743	City-State-Zip:	ST PETERSBURG FL 33743
Title	TREASURER	Title	PRESIDENT
Name	MALYNOWSKI, SHEILA J	Name	CARVER, CLARENCE
Address	LAMONT MANAGEMENT PO BOX 40946	Address	LAMONT MANAGEMENT PO BOX 40946
City-State-Zip:	ST PETERSBURG FL 33743	City-State-Zip:	ST PETERSBURG FL 33743
Title	DIRECTOR		
Name	MURGA, JOEL		
Address	LAMONT MANAGEMENT PO BOX 40946		
City-State-Zip:	ST PETERSBURG FL 33743		

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: CLARENCE CARVER PRESIDENT 04/07/2025

Electronic Signature of Signing Officer/Director Detail Date