

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746076

Entity Name: TREASURE ISLAND POINTS WEST APARTMENTS
CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 28, 2025
Secretary of State
4870241160CC**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****01/28/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** VP
Name BROOKS, MATTHEW
Address LAMONT MANAGEMENT
PO BOX 40946
City-State-Zip: ST PETERSBURG FL 33743**Title** TREASURER
Name MALYNOWSKI, SHEILA J
Address LAMONT MANAGEMENT
PO BOX 40946
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**Title** DIRECTOR
Name ANDREWS, CHARLES D
Address LAMONT MANAGEMENT
PO BOX 40946
City-State-Zip: ST PETERSBURG FL 33743**Title** PRESIDENT
Name GREANEY, SIERRA
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: SIERRA GREANEY**PRESIDENT****01/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date