


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # **617134**
1. Entity Name
TRIPLE CROWN REALTY, INC.



11 MAY 17 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
4700 SHERIDAN ST.
Suite, Apt. #, etc.
BLDG. U

3. Mailing Address
4700 SHERIDAN ST.
Suite, Apt. #, etc.
BLDG. U

CR2E034B (1/11)

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip
33021

Country
BROWARD

Zip
33021

Country
BROWARD

4. FEI Number
59-1903363

Applied For
 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
OLIVIERI, ELLA T.

Street Address (P.O. Box Number is Not Acceptable)
4700 SHERIDAN ST.

BLDG. U

City
HOLLYWOOD FL

Zip Code
33021

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, the registered agent.

N/A

SIGNATURE _____ DATE _____
Signature, type or print name of registered agent and file. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

E-mail Address:
Juliewhiteyce@hotmail.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D.V. OLIVIERI, ELLA T. 4700 SHERIDAN ST. BLDG U HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/06/11--01037--013 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15, F.S.

SIGNATURE: **Ellen T. Oliveri** DATE: **5/11/11** (954) 963-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

al17aw