

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:22

DOCUMENT # 722115 (3)

1. Corporation Name
TRIANON CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1200 SOUTH FLAGLER DRIVE 1200 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1971 3a. Date of Last Report 01/24/1994
4. FEI Number 59-1500005 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent
**PREEFER, BEATRICE
1200 S. FLAGLER DRIVE
APT 1502
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Beatrice Preefer* BEATRICE PREEFER, PRESIDENT DATE 2-1-95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PREEFER, BEATRICE
STREET ADDRESS	1200 S. FLAGLER DRIVE #1502
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPD
NAME	GILLETTE, RICHARD
STREET ADDRESS	1200 S. FLAGLER DRIVE #1202
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	TD
NAME	KOVEN, BETH
STREET ADDRESS	1200 S. FLAGLER DRIVE #905
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	SD
NAME	LAGNA, ROBERT
STREET ADDRESS	1200 S. FLAGLER DRIVE #PH-6
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	ATD
NAME	STEVENSON, JAMES
STREET ADDRESS	1200 S. FLAGLER DR., STE #605
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD PAULLINE JUDD
3.3 STREET ADDRESS	1200 S. FLAGLER DR. # 904
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33401
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD STEVENSON, JAMES
4.3 STREET ADDRESS	1200 S. FLAGLER DR # 605
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33401
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ATD JOHN CLAREY
5.3 STREET ADDRESS	1200 S. FLAGLER DR #1705
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beatrice Preefer* BEATRICE PREEFER, PRESIDENT DATE 2/1/95 407-832-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR