

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **722115** (3)  
1. Corporation Name  
**TRIANON CONDOMINIUM APARTMENTS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: 11/18/1971  
3a. Date of Last Report: 02/13/1995  
4. FEI Number: 59-1500005  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**PREFER, 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  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Beatrice Prefer* (NOTE: Registered Agent signature required when reinstating) DATE: 3-25-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PREFER, BEATRICE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 S. FLAGLER DRIVE #1502	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD GILLETTE, RICHARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 S. FLAGLER DRIVE #1202	2.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD JUDD, PAULINE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 S FLAGLER DR #904	3.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD STEVENSON, JAMES	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 S FLAGLER DR #605	4.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ATD CLAREY, JOHN	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1200 S FLAGLER DR #1705	5.2 NAME	ATD LAGNA, ROBERT
STREET ADDRESS	WEST PALM BEACH FL	5.3 STREET ADDRESS	1200 S. FLAGLER DR # 14-6
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33401
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Prefer* DATE: 3-26-96 (407) 832-5666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)