

2000 UNIFORM BUSINESS REPORT (UBR)

1/26

FILED
May 22, 2000 8:00 am
Secretary of State

01-26-2000 90097 017 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 722115

1. Entity Name

TRIANON CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1200 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

1200 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401-6710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1500005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREFER, BEATRICE
 1200 S. FLAGLER DRIVE
 APT 1502
 WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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.

SIGNATURE

Beatrice PREFER

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-00

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PREFER, BEATRICE D	1200 S. FLAGLER DRIVE #1502	WEST PALM BEACH FL	<input type="checkbox"/>
VPD	GILLETTE, RICHARD T	1200 S. FLAGLER DRIVE #1202	WEST PALM BEACH FL	<input type="checkbox"/>
TD	POTENZA, JACK O	1200 S. FLAGLER DR. #1204	WEST PALM BEACH FL 33401	<input type="checkbox"/>
SD	STEVENSON, JAMES T	1200 S FLAGLER DR #805	WEST PALM BEACH FL	<input type="checkbox"/>
ATD	SHILLESTAD, ISABEL T	1200 S. FLAGLER DR #1603	WEST PALM BCH FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT				<input type="checkbox"/>	<input type="checkbox"/>
TREASURER				<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO TITLE				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY				<input type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B. Stevenson* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

DATE

(561) 832-5666

DAYTIME PHONE #