

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90140 004 ****70.00

DOCUMENT # 722115

1. Entity 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**

911747



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name **JAMES H. STEVENSON III**
 Street Address (P.O. Box Number is Not Acceptable)
**1200 S. FLAGLER DR.
 APT. # 605**
 City **WEST PALM BEACH** FL Zip Code **33401**

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 *James H. Stevenson III* **JAMES H. STEVENSON III PRESIDENT** 1-25-01

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PREFER, BEATRICE	
STREET ADDRESS	1200 S. FLAGLER DRIVE #1502	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GILLETTE, RICHARD	
STREET ADDRESS	1200 S. FLAGLER DRIVE #1202	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POTENZA, JACK	
STREET ADDRESS	1200 S. FLAGLER DR. #1204	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, JAMES	
STREET ADDRESS	1200 S. FLAGLER DR #605	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	SHILLESTAD, ISABEL	
STREET ADDRESS	1200 S. FLAGLER DR #1603	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES H. STEVENSON III	
STREET ADDRESS	1200 S. FLAGLER DR #605	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISABEL SHILLESTAD	
STREET ADDRESS	1200 S. FLAGLER DR. #1603	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401	
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT FOLEY	
STREET ADDRESS	1200 S. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY BONNER	
STREET ADDRESS	1200 S. FLAGLER DR. #1001	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401	
TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT PETERSON	
STREET ADDRESS	1200 S. FLAGLER DR. #1003	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James H. Stevenson III* **JAMES H. STEVENSON III** 1-25-01 561-832-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)