

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722115

FILED
Jan 05, 2005
Secretary of State

Entity Name: TRIANON CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

1200 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1200 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-1500005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEVENSO, JAMES H III
1200 S. FLAGLER DRIVE
APT #605
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEVENSON, JAMES H III
Address: 1200 S FLAGLER DR #605
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD () Delete
Name: RICHARDS, GILLETTE
Address: 1200 S FLAGLER DR #5
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD () Delete
Name: FOLEY, ROBERT
Address: 1200 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: HARRISON, EVELYN
Address: 1200 FLAGLER DR #1001
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ATD () Delete
Name: WILLIAMS, SCOTT
Address: 1200 S. FLAGER DR. #1502
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. STEVENSON III

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date