2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90060 025 ****70.00

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

01192006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1500005 ☐ Applied For ☐ Not Applicable

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
STEVENSO, JAMES H III 1200 S. FLAGLER DRIVE APT #605 WEST PALM BEACH, FL 33401	Name: MS. CAROLE HOGAN Street Address (P.O. Box Number is Not Acceptable): 1200 S. FLAGLER DR #505 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carole Hogan 1/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEVENSON, JAMES H III 1200 S FLAGLER DR #605 WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CAROLE HOGAN 1200 S. FLAGLER DR. #505 WEST PALM BEACH FL. 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RICHARDS, GILLETTE 1200 S FLAGLER DR #5 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ ASSISTANT SEC, RICHARD GILLETTE 1200 S. FLAGLER DR. #1202 WEST PALM BEACH, FL 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOLEY, ROBERT 1200 S FLAGLER DR WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BETH KOVEN 1200 S. FLAGLER DR. # 905 WEST PALM BEACH FL. 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRISON, EVELYN 1200 FLAGLER DR #1001 WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JEFFERY ROSEN 1200 S. FLAGLER DR. # 1801 WEST PALM BEACH, FL. 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD WILLIAMS, SCOTT 1200 S. FLAGER DR. #1502 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SCOTT WILLIAMS 1200 S. FLAGLER DR. # 1502 WEST PALM BEACH, FL. 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] SCOTT WILLIAMS 1/26/06 (561) 805-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #