2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
03-02-2007 90024 046 ****61.25

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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
HOGAN, CAROLE MS 1200 S. FLAGLER DRIVE APT #505 WEST PALM BEACH FL 33401	The Law Offices of Katzman & Korr, P.A. 1501 Northwest 49th Street, Suite 202 Fort Lauderdale, Florida 33309

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 _____ LEIGH C. KATZMAN, ESQ. 03-28-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	P HOGAN, CAROLE 1200 S FLAGLER DR # 505 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hogan, Carole 1200 S. Flagler Dr. #505 West Palm Beach, Fl. 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS RICHARDS, GILLETTE 1200 S FLAGLER DR # 1202 WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Foley, Robert 1200 S. Flagler Dr. #1401 West Palm Beach, Fl. 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOVEN, BETH 1200 S FLAGLER DR # 905 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Koven, Beth 1200 S. Flagler Drive #905 West Palm Beach, Fl. 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSEN, JEFFERY 1200 S FLAGLER DR # 1801 WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Rothman, Susan 1200 S. Flagler Dr. #203 West Palm Beach, Fl. 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GILLETTE, RICHARD 1200 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Caury, Sheryl 1200 S. Flagler Dr. #1205 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 Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #