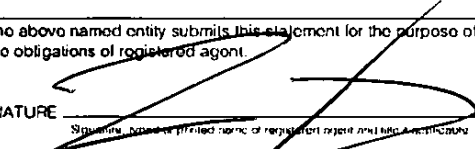
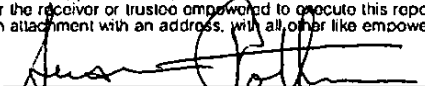


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 1200 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401			Mailing Address 1200 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1500005	
Zip		Country		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOGAN, CAROLE MS 1200 S. FLAGLER DRIVE APT #505 WEST PALM BEACH FL 33401				7. Name and Address of New Registered Agent 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, and familiar with, and accept the obligations of registered agent.					
SIGNATURE 		LEIGH C. KATZMAN, ESQ. 03-28-07 (NOTE: Registered Agent signature retained when applicable) 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 Curry, Sheryl 1200 S. Flagler Dr. # 1205 West Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	☐ 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 #					