

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722635

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** NORTH TRITON ARMS, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 59-1447782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 WEST SR 434  
SUITE 5000  
LONWOOD, FL 327795044 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: TSD  
Name: BOOTH, EDWIN  
Address: 171 N ATLANTIC AVE #19  
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD  
Name: LAFOND, MARK  
Address: 171 N ATLANTIC AVE #25  
City-St-Zip: COCOA BEACH, FL 32931

Title: PD  
Name: HIRKALA, MIKE  
Address: 171 N ATLANTIC AVE #27  
City-St-Zip: COCOA BEACH, FL 32931

Title: D  
Name: SMITH, JEAN  
Address: 50 YAWL DR  
City-St-Zip: COCOA BEACH, FL 32931

Title: D  
Name: SCHWERZLER, KATHRYN  
Address: 171 N ATLANTIC AVE #38  
City-St-Zip: COCOA BEACH, FL 32931

I hereby 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 all other like empowered.

SIGNATURE: MIKE HIRKALA

PD

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date