


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90057 014 ****61.25

DOCUMENT # 729378
 1. Entity Name
THE TRELLISES ASSOCIATION, INC.



Principal Place of Business Mailing Address
9731 N. NEW RIVER CANAL ROAD **9731 N. NEW RIVER CANAL ROAD**
PLANTATION, FL 33324-3419 US **PLANTATION, FL 33324-3419 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4001000



01272005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1655424 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
POLIAKOFF, GARY A
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005 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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, ROBERT L		NAME	HAYDU, ZOLTAN	
STREET ADDRESS	958 MOCKINGBIRD LANE, #512		STREET ADDRESS	9729 N. NEW RIVER CANAL RD., #6A8	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	DV1	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AREVALO, JORGE A		NAME	COATS, BILL	
STREET ADDRESS	9705 N. NEW RIVER CANAL ROAD, #205		STREET ADDRESS	952 MOCKINGBIRD LN., #60A	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	DV2	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CSVANY, THOMAS L		NAME	MOSELEY, MARY ANN	
STREET ADDRESS	9713 N. NEW RIVER CANAL ROAD, #305		STREET ADDRESS	956-MOCKINGBIRD LN., #503	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD, SCHWARTZ J		NAME	DANIELS, ROBIN	
STREET ADDRESS	9701 N. NEW RIVER CANAL ROAD, #109		STREET ADDRESS	9725 N. NEW RIVER CANAL RD., #423	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	DS1	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, TRACEY B		NAME		
STREET ADDRESS	9719 N. NEW RIVER CANAL ROAD, #308		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	DS2	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAR, JULIE		NAME		
STREET ADDRESS	954 MOCKINGBIRD LANE, #516		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Zoltan G. Haydu **ZOLTAN G. HAYDU** 2/3/05 954-472-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #