

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **759953** (3)

1. Corporation Name

TRIANON EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2600 N.E. 135TH STREET
N MIAMI FL 33181**

**2600 N.E. 135TH STREET
N MIAMI FL 33181-3598**



3. Date Incorporated or Qualified **09/09/1981** 3a. Date of Last Report **02/13/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2103161	☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	☐
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRAULT, JACKSON
2600 NE 135 ST
#2C
NORTH MIAMI FL 33181**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/29/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	PERRAULT, JACKSON	1.2 NAME	
STREET ADDRESS	2600 NE 135 ST., #2C	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	VPD ☒ DELETE	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	AVERA, TROY	2.2 NAME	ERIK YOUNGREN
STREET ADDRESS	2600 NE 135 ST., #2A	2.3 STREET ADDRESS	2600 NE 135 ST. # 3C
CITY-ST-ZIP	NORTH MIAMI FL 33181	2.4 CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	TD ☐ DELETE	3.1 TITLE	
NAME	GOSSELIN, RICHARD A. JR.	3.2 NAME	
STREET ADDRESS	2600 NE 135TH STREET 3I	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **JACKSON PERRAULT** 1/29/97 947-5287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033550

CR2E037 (9/96)