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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 759953					
1. Corporation Name TRIANON EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2600 N.E. 135TH STREET N MIAMI FL 33181			Mailing Address 2600 N.E. 135TH STREET N MIAMI FL 33181		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/09/1981	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2103161	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25		Country 30			

9. Name and Address of Current Registered Agent PERRAULT, JACKSON 2600 NE 135 ST #2C NORTH MIAMI FL 33181				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ☐ DELETE				1.1 TITLE ☒ Change ☒ Addition			
NAME PD				1.2 NAME			
STREET ADDRESS PERRAULT, JACKSON				1.3 STREET ADDRESS			
CITY-ST-ZIP 2600 NE 135 ST., #2C				1.4 CITY-ST-ZIP 33181-3537			
TITLE ☒ DELETE				2.1 TITLE VD ☐ Change ☒ Addition			
NAME YOUNGREN, ERIK				2.2 NAME DuBois, Robert C.			
STREET ADDRESS 1600 NE 135 ST #3C				2.3 STREET ADDRESS 2600 NE 135 Street # 3D			
CITY-ST-ZIP N MIAMI FL				2.4 CITY-ST-ZIP NORTH MIAMI FL 33181-3537			
TITLE ☐ DELETE				3.1 TITLE ☒ Change ☐ Addition			
NAME TD				3.2 NAME #2G			
STREET ADDRESS ESTES, LANA G				3.3 STREET ADDRESS NORTH			
CITY-ST-ZIP 2600 N E 13 ST #26				3.4 CITY-ST-ZIP 33181-3537			
TITLE ☐ DELETE				4.1 TITLE SD ☐ Change ☒ Addition			
NAME				4.2 NAME Zahniser, Carol			
STREET ADDRESS				4.3 STREET ADDRESS 2600 NE 135 Street, #3G			
CITY-ST-ZIP				4.4 CITY-ST-ZIP NORTH MIAMI FL 33181-3537			
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 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, with all other like empowered.

SIGNATURE:

Robert C. DuBois

30 Jan 1999

305 956-9447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)