2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90022 038 ****61.25

DOCUMENT # 759953

1. Entity Name
TRIANON EAST CONDOMINIUM ASSOCIATION, INC.

54023163

Principal Place of Business	Mailing Address
2600 N.E. 135TH STREET N MIAMI, FL 33181	2600 N.E. 135TH STREET N MIAMI, FL 33181

03012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2600 N.E. 135HH St	MHI
Suite, Apt. #, etc.	Suite, Apt. #, etc. 14275 S.W. 142 AVE
City & State N. Miami Florida	City & State Miami Florida
Zip 33181 Country Miami Dade	Zip 33186 Country Miami Dade

4. FEI Number 59-2103161 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERRAULT, JACKSON 2600 NE 135 ST #2C NORTH MIAMI, FL 33181	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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	PD PERRAULT, JACKSON 2600 NE 135TH STREET UNIT 2C N. MIAMI, FL 331813536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREZ, EDDIE 2600 NE 135HH st unit 4A N. Miami, Fl 331813536	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PEREZ, CODY 2600 NE 135TH ST 4E N MIAMI, FL 331815502	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PERRAULT, JACKSON 2600 NE 135HH st unit 2C N. Miami, Fl 331813536	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GITTLEMAN, RICHARD 2600 NE 135TH STREET UNIT 2J N MIAMI, FL 331813537	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GITTLEMAN, Richard 2600 NE 135HH st unit 2J N. Miami, Fl 331813537	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACKSON, PERRAULT 2600 NE 135 #2C MIAMI, FL 33181	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GITTLEMAN, RICHARD 2600 NE 135 ST., UNIT 2J N. MIAMI, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GITTLEMAN, Richard 2600 NE 135HH st unit 2J N. Miami, Fl 33181	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD PEREZ, CODY 2600 NE 135TH ST. 4 E MIAMI, FL 33181	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #