


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90010 039 ****61.25

DOCUMENT # 762981 1. Entity Name THE TRIANGLE CLUB OF GAINESVILLE, FLORIDA, INC.					
Principal Place of Business 1005 S.E. 4TH AVENUE GAINESVILLE, FL 32601-3975				Mailing Address 1005 S.E. 4TH AVENUE GAINESVILLE, FL 32601-3975	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2890418	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBELL, SUSAN 5130 NW 48TH TERRACE GAINESVILLE, FL 32606			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBELL, SUSAN		NAME		
STREET ADDRESS	5130 NW 48TH AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAPHAEL, JAN		NAME	VP	
STREET ADDRESS	8401 NW 13TH ST 119		STREET ADDRESS	CROW, TOM	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	11108 NW 61ST TERRACE	
TITLE	VP P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCHELLE, DEAN		NAME	P	
STREET ADDRESS	3800 SW 34TH ST A6		STREET ADDRESS	ROCHELLE, DEAN	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	3800 SW 34TH ST A6	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VERMAN, KAREN		NAME	S	
STREET ADDRESS	2405 NW 46TH TERRACE		STREET ADDRESS	RENO, GEORGE PHILIP	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	400 NW 1ST AVE # 313	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELLY, JOHN		NAME	D	
STREET ADDRESS	815 NE 10TH AVE		STREET ADDRESS	SHELLY, JOHN	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	222 NW 19TH AVE	
TITLE	VP P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROCHELLE, DEAN		NAME	D	
STREET ADDRESS			STREET ADDRESS	COLVIN, PATRICIA	
CITY-ST-ZIP			CITY-ST-ZIP	1116 NE 12TH AVE	
			GAINESVILLE, FL 32601		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Susan P. Robell</i> SUSAN P. ROBELL, TREAS. 5/29/07 352/376-1640 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					