2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2005 8:00 am Secretary of State 02-03-2005 90030 040 ****61.25

DOCUMENT # N0300004111 1. Entity Name TRINITY PROFESSIONAL CENTER COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.					92-03-2003 90030 040	0 01.23	
777 SHAPBOURISLANDBLVQ STE360 777		Mailing Address 777 SHAPBOLRISLA TAVPA RL 33602	77 SHAFBOLRISLANDBLVD STE360		011511		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312005 C	hg-NP CR2E037 ((10/03)	
City & State		City & State		4. FEI Number	16-1694356	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of S		.75 Additional Required	
• •	-6. Name and Address of Current	Registered Agent -		7. Name and Ad	dress of New Registered Age	nt	
BRONSON	N, MICHAEL		Name				
BRONSON, MICHAEL 777 SOUTH HARBOUR ISLAND BLVD. #360			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
TAMPA, F	L 33602						
			City		FL	Zip Code	
The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing i	ts registered office or	registered agent, or both, in	the State of Florida. I am fam	iliar with, and accept	
0.0	•						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if annicable. (NC	TF: Recistered Agent signal a	re remired when reinstation)	DATE	 	
	Signature, typed or printed name of registered agent	and title if applicable. (NC	DTE: Registered Agent signatur	re required when reinstating)	DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election C	ampaign Financing	\$5.00 May Be Added to Fees	Make check pa		
	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Co	ampaign Financing	\$5.00 May Be Added to Fees	Make check pa	ent of State	
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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 fürther 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

813-221-9782