2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004111

1. Entity Name
TRINITY PROFESSIONAL CENTER COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
777 S HARBOUR ISLAND BLVD, STE 360 TAMPA, FL 33602	777 S HARBOUR ISLAND BLVD, STE 360 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
16-1694356

Applied
Not Ap

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

6. Name and Address of Current Registered Agent

BRONSON, MICHAEL
777 SOUTH HARBOUR ISLAND BLVD.
#360
TAMPA, FL 33602

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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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRONSON, MICHAEL
STREET ADDRESS	777 S HARBOUR ISLAND BLVD., #360
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	SD
NAME	WALTER, ROBERT A
STREET ADDRESS	777 S HARBOUR ISLAND BLVD., #360
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/06-80052-006 61.25

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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 inform 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 di 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Walter