


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90001 040 \*\*\*\*61.25

<b>DOCUMENT # N04000005575</b>	
1. Entity Name <b>THE TRIAD CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>509 NE 64 ST MIAMI FL 33138</b>	Mailing Address <b>509 NE 64 ST MIAMI FL 33138</b>
---	---



2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

2nd MOORE CR2E037 (4/06)

City & State	City & State	4. FEI Number <b>20-1197536</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>BROUSSEAU, KEVIN M 509 NE 64TH COURT # 2 MIAMI FL 33138</b>
---

7. Name and Address of New Registered Agent Name <b>AUNDREA MCGILL</b> Street Address (P.O. Box Number is Not Acceptable) <b>509 NE 64 STREET UNIT #1</b> City <b>Miami</b> FL Zip Code <b>33138</b>
---

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 <b>Aundrea McGill T</b> DATE <b>8/18/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
---

<b>FILE NOW: FEE IS \$61.25 Due By September 6, 2006</b>
--

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	------------------------------------

<b>Make Check Payable to Florida Department of State</b>
--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete <b>DP SOLOMON, KEN 509 NE 64 # 2 MIAMI FL 33158</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>DVS MCGILL, ANDREA 509 NE 69# 1 MIAMI FL 33138</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>DT BROUSSEAU, KEVIN 509 NE 69TH ST, # 2 MIAMI FL 33138</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>P MARIO SQUIERTI 509 NE 64 ST UNIT #3 Miami, FL. 33138</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>T AUNDREA MCGILL 509 NE 64 ST. UNIT #1 Miami, FL. 33138</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>S KEVIN BROUSSEAU 509 NE 64 ST. UNIT #2 Miami, FL. 33138</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

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: <b>Aundrea McGill T</b> DATE <b>8-18-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
---