

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005575

FILED  
Jun 08, 2009  
Secretary of State

**Entity Name:** THE TRIAD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

509 NE 64 ST  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

509 NE 64 ST  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 20-1197536      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCGILL, AUNDREA  
509 NE 64TH STREET UNIT #1  
MIAMI, FL 33138 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SQUIERTI, MARIO  
Address: 509 NE 64 ST UNIT #3  
City-St-Zip: MIAMI, FL 33138

Title: T ( ) Delete  
Name: MCGILL, ANDREA  
Address: 509 NE 64 ST, UNIT #1  
City-St-Zip: MIAMI, FL 33138

Title: S ( ) Delete  
Name: BROUSSEAU, KEVIN  
Address: 509 NE 64 ST. UNIT #2  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: IARUSSO, TARA  
Address: 509 NE 64 ST. UNIT #2  
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUNDREA MCGILL

T

06/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date