2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N06000008289

Entity Name: TRIANGLE COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5220 HOOD RD - STE 100
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

5220 HOOD RD - STE 100
PALM BEACH GARDENS, FL 33418

New Mailing Address:

5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418

FEI Number: 13-4340193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAETA, LOUIS A JR
5220 HOOD RD - STE 100
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

GAETA, NEIL J
5220 HOOD RD - STE 100
PALM BEACH GARDENS, FL 33418 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: NEIL J GAETA 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GAETA, LOUIS A JR
Address: 5220 HOOD RD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPTD ( ) Delete
Name: GAETA, NEIL J
Address: 5220 HOOD RD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD (X) Delete
Name: TREZZA, ARLINE R
Address: 5220 HOOD RD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: GAETA, NEIL J
Address: 5220 HOOD RD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD (X) Change ( ) Addition
Name: TREZZA, ARLINE R
Address: 5220 HOOD RD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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: NEIL J GAETA P 04/23/2009
Electronic Signature of Signing Officer or Director Date