2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

DOCUMENT# N06000008289

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

Current Principal Place of Business:

5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418

New Mailing Address:

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

Name and Address of Current Registered Agent:

GAETA, KRISTEN T
5220 HOOD RD - STE 100
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: SD
Name: GAETA, KRISTEN T
Address: 5220 HOOD RD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PD
Name: MASON, CRAIG R
Address: 5220 HOOD RD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD
Name: GAETA, BARBARA A
Address: 5220 HOOD RD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T
Name: TREZZA, ARLINE R
Address: 5220 HOOD RD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D
Name: PAGE, TIMOTHY
Address: 5220 HOOD ROAD - STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: BARBARA A. GAETA VP 04/09/2012

Electronic Signature of Signing Officer or Director — Date