

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010263

FILED
Apr 12, 2007
Secretary of State

Entity Name: TRELLIS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1050 W. 47TH CT.
MIAMI, FL 33140

New Principal Place of Business:

Current Mailing Address:

1050 W. 47TH CT.
MIAMI, FL 33140

New Mailing Address:

FEI Number: 20-8805583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, THOMAS G
90 ALMERIA AVE.
CORAL GABLES, FL 33134 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: PD () Delete
Name: SCHIMKO, RODNEY C
Address: 1050 W. 47TH CT.
City-St-Zip: MIAMI, FL 33140

Title: VD () Delete
Name: DICKERSON, CHARLES M
Address: 1050 W. 47TH CT.
City-St-Zip: MIAMI, FL 33140

Title: STD () Delete
Name: GIUGNO, CARNELO
Address: 1296 NE 99TH ST.
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES M DICKERSON

VP

04/12/2007

Electronic Signature of Signing Officer or Director

Date