

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 02, 2004  
Secretary of State**

DOCUMENT# N21444

Entity Name: TRIPLEX CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2521-B MARYLAND AVE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

2521-B MARYLAND AVE  
2521 W MARYLAND AVENUE, #B  
TAMPA, FL 33629 US

**New Mailing Address:**

FEI Number: 59-2980479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HUMPHRIES, WILLIAM F.  
2521-B MARYLAND AVENUE  
TAMPA, FL 33629 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: D ( ) Delete  
Name: NELSON, MARGJE  
Address: 2521-A MARYLAND AVE  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: HUMPHRIES, WILLIAM  
Address: 2521-B MARYLAND AVE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: EARNHART, TODD  
Address: 2521 C MARYLAND AVE  
City-St-Zip: TAMPA, FL

**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 Section 119.07(3)(i), 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: WILLIAM HUMPHRIES

SD

04/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date