


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N21444 1. Entity Name TRIPLEX CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2521-B MARYLAND AVE TAMPA, FL 33629	Mailing Address 2521-B MARYLAND AVE 2521 W MARYLAND AVENUE, #B TAMPA, FL 33629 US
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2980479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, WILLIAM F.
 2521-B MARYLAND AVENUE
 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, MARGJE 2521-A MARYLAND AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUMPHRIES, WILLIAM 2521-B MARYLAND AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEW, KEITH 2521 C MARYLAND AVE TAMPA, FL 33629
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Humphries* President 1-5-07 813-299-8021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #