

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000003083 (2)**

1. Corporation Name  
**THE TRI COMMUNITY HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**13400 NW 21ST AVE  
MIAMI FL 33167**

Mailing Address  
**P.O. BOX 68167  
MIAMI FL 33168**

3. Date Incorporated or Qualified  
**06/20/1994**

3a. Date of Last Report  
**08/10/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number <b>65-0580890</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			30		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MARTIN, EUNICE L  
1444 BISCAYNE BLVD, 220  
MIAMI FL 33132**

81	Name	<b>NOT APPLICABLE</b>
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE EUNICE MARTIN  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEAL, W D</b>	1.2 NAME	
STREET ADDRESS	<b>13400 NW 21ST AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33167</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, LINCOLN</b>	2.2 NAME	
STREET ADDRESS	<b>2404 NW 135TH STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33167</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTTON, PAULINE</b>	3.2 NAME	
STREET ADDRESS	<b>2151 NW 131ST ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33167</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, THELMA</b>	4.2 NAME	
STREET ADDRESS	<b>1825 NW 131ST STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33167</b>	4.4 CITY - ST - ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISAAC, MATTIE</b>	5.2 NAME	
STREET ADDRESS	<b>2150 NW 131ST ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33167</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Pauline Sutton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 681-4676  
Date Daytime Phone

CR2E037 (12/95)