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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 681617 MIAMI FL 33168-1617

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: 02/02/1996
4. FEI Number: 65-0580890
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MARTIN, EUNICE L
1444 BISCAYNE BLVD, 220
MIAMI FL 33132

10. Name and Address of New Registered Agent
81 Name: NDT APPLICABLE
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 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
(NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP NEAL, W D 13400 NW 21ST AVE MIAMI FL 33167	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV YOUNG, LINCOLN 2404 NW 135TH STREET MIAMI FL 33167	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS SUTTON, PAULINE 2151 NW 131ST ST MIAMI FL 33167	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS ROBINSON, THELMA 1825 NW 131ST STREET MIAMI FL 33167	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT ISAAC, MATTIE 2150 NW 131ST ST MIAMI FL 33167	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

5.1 NAME: DT
5.2 NAME: ISSAC, MATTIE
5.3 STREET ADDRESS: 2150 N.W. 131 ST
5.4 CITY-ST-ZIP: MIAMI, FL 33167

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.
SIGNATURE: Pauline Sutton
DATE: 2-19-97
Daytime Phone #: 681-4676

CR2E037 (9/96)