

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003083 (2)**  
 1. Corporation Name  
**THE TRI COMMUNITY HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>2404 N.W. 135 St.</b> <del>12400 N.W. 22nd Ave</del> MIAMI FL 33167	Mailing Address P.O. BOX 681617 MIAMI FL 33168
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3. Date Incorporated or Qualified <b>06/20/1994</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0580890</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

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	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	NEAL, W D	
STREET ADDRESS	13400 NW 21ST AVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, LINCOLN	
STREET ADDRESS	2404 NW 135TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SUTTON, PAULINE	
STREET ADDRESS	2151 NW 131ST ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROBINSON, THELMA	
STREET ADDRESS	1825 NW 131ST STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ISSAC, MATTIE	
STREET ADDRESS	2150 NW 131ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Young, Lincoln	
1.3 STREET ADDRESS	2404 NW 135 St.	
1.4 CITY-ST-ZIP	Miami, FL 33167	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peterson Patricia	
2.3 STREET ADDRESS	12040 N.W. 22 Pl	
2.4 CITY-ST-ZIP	Miami, FL 33167	
3.1 TITLE	D Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wilcox, Carla	
3.3 STREET ADDRESS	1279 Westview	
3.4 CITY-ST-ZIP	Miami, FL 33167	
4.1 TITLE	D Asst Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Thelma Robinson	
4.3 STREET ADDRESS	1825 NW 131 St.	
4.4 CITY-ST-ZIP	Miami, FL 33167	
5.1 TITLE	D Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Issac, Mattie	
5.3 STREET ADDRESS	2150 NW 131 St.	
5.4 CITY-ST-ZIP	Miami, FL 33167	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Lincoln Young*

CR2E037 (10/97)