

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90229 025 ****61.25

DOCUMENT # N94000003083

1. Entity Name

THE TRI COMMUNITY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2404 NW 135 ST
 MIAMI FL 33167
 US

P.O. BOX 681617
 MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0580890

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **YOUNG, LINCOLN**
 STREET ADDRESS **2404 NW 135 ST**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **PETERSON, PATRICIA**
 STREET ADDRESS **12040 NW 22 PL**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE **VP** Change Addition
 NAME **ROLLINS, DOROTHY**
 STREET ADDRESS **2200 NW 133 ST**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE **SD** Delete
 NAME **WILCOX, CARLA**
 STREET ADDRESS **12781 WEST VIEW**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **ROBINSON, THELMA**
 STREET ADDRESS **1825 NW 131 ST**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **MCDUFFIE, ROSIE**
 STREET ADDRESS **2152 NW 133RD STREET**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: _____

YOUNG, LINCOLN SIGNATURE REQUIRED
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lincoln Young 2/9/01

(305)685-0078

Date

Daytime Phone #

CR2E037 (10/00)