

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003083

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: THE TRI COMMUNITY HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2531 NW 121 ST  
MIAMI, FL 33167 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 681617  
MIAMI, FL 33168

**New Mailing Address:**

FEI Number: 65-0580890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GILLARD, RUDEAN  
Address: 2531 NW 121 ST  
City-St-Zip: MIAMI, FL 33167

Title: VP ( ) Delete  
Name: SIMMS, A. L  
Address: 13300 NW 21 AVENUE  
City-St-Zip: MIAMI, FL 33167

Title: SD ( ) Delete  
Name: WILCOX, CARLA  
Address: 12781 WEST VIEW  
City-St-Zip: MIAMI, FL 33167

Title: DS ( ) Delete  
Name: WALDEN, JAMES  
Address: 13325 NW 22 AVENUE  
City-St-Zip: MIAMI, FL 33167

Title: DT ( ) Delete  
Name: MCDUFFIE, ROSIE  
Address: 2152 NW 133RD STREET  
City-St-Zip: MIAMI, FL 33167

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ROLLINS, DOROTHY  
Address: 2200 NW 133 STREET  
City-St-Zip: MIAMI, FL 33167

Title: SD (X) Change ( ) Addition  
Name: SUTTON, PAULINE  
Address: 2151 NW 133 STREET  
City-St-Zip: MIAMI, FL 33167

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDEAN GILLARD

DP

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date