

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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

1996 *227-96*

DIVISION OF CORPORATIONS *C*

DOCUMENT # **764190**

1. Corporation Name

**TRIUM-2 OFFICE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

900 NW 13TH ST. #201  
BOCA RATON FL 33486  
US

900 NW 13TH ST. #201  
BOCA RATON FL 33486  
US

3. Date Incorporated or Qualified  
**07/16/1982**

3a. Date of Last Report  
**05/01/1995**

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

4. FEI Number  
**59-2461767**

Applied For  
Not Applicable

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

10. Name and Address of New Registered Agent

CONAHAN, CORMAC C., ESQ.  
ARVIDA FINANCIAL PLZ., STE. 301  
2000 GLADES RD.  
BOCA RATON FL 33431

81. Name

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

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	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENEZIA, RICHARD	1.2 NAME	
STREET ADDRESS	154 MILANO DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ISLAMORADA FL	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, F. J.	2.2 NAME	
STREET ADDRESS	3530 PINE TREE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWK, RONALD	3.2 NAME	
STREET ADDRESS	427 HOMEWOOD BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH. FL	3.4 CITY - ST - ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENEZIA, COLLEEN A.	4.2 NAME	
STREET ADDRESS	154 MILANO DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ISLAMORADA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEENSKERK, EDWARD T.	5.2 NAME	
STREET ADDRESS	1106 SW 12TH ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

*2/5/96*

Date

*(305) 664-0086*

Daytime Phone #

CR2E037 (12/95)