

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722115

**Entity Name:** TRIANON CONDOMINIUM APARTMENTS ASSOCIATION, INC.

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC3387504080**

**Current Principal Place of Business:**

1200 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1200 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

**FEI Number: 59-1500005**

**Certificate of Status Desired: No**

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

KOVEN, BETH PRES  
1200 S FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title P  
Name KOVEN, BETH  
Address 1200 S FLAGLER DR #905  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name ITAK, JASON  
Address 1200 S FLAGLER DR #605  
City-State-Zip: WEST PALM BEACH FL 33401

Title T  
Name CANTONE, PHIL  
Address 1200 S FLAGLER DR #1406  
City-State-Zip: WEST PALM BEACH FL 33401

Title S  
Name SEGRAVES, PATRICK  
Address 1200 S FLAGLER DR #1606  
City-State-Zip: WEST PALM BEACH FL 33401

Title AS  
Name HABIB, JUDY  
Address 1200 S FLAGLER DR #1505  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby 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 all other like empowered.*

**SIGNATURE: BETH KOVEN**

**PRESIDENT**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date