

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722635

**Entity Name:** NORTH TRITON ARMS, INC.

**Current Principal Place of Business:**

171 N ATLANTIC AVENUE  
COCOA BEACH, FL 32931

**Current Mailing Address:**

PO BOX 507  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 59-1447782

**Certificate of Status Desired:** No

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

BARRELLA, LORRAINE  
373 JEREMY CT  
MERRITT ISLAND, FL 32953 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:** LORRAINE BARRELLA

02/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, TREASURER

Name BURNS, LORI

Address PO BOX 507

City-State-Zip: CAPE CANAVERAL FL 32920

Title PRESIDENT

Name SHEFFIELD, VICI

Address PO BOX 507

City-State-Zip: CAPE CANAVERAL FL 32920

Title SECRETARY

Name PARIENTE, ANNIE

Address PO BOX 507

City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR

Name KALAYDJIAN, AREK

Address PO BOX 507

City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR

Name STONE, HOLLY

Address PO BOX 507

City-State-Zip: CAPE CANAVERAL FL 32920

*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:** LORI BURNS

TREASURER

02/24/2023

Electronic Signature of Signing Officer/Director Detail

Date