

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N94000003083

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

**Current Principal Place of Business:**

2101 N. W. 127 STREET  
MIAMI, FL 33167

**Current Mailing Address:**

P.O. BOX 681617  
MIAMI, FL 33168 US

**FEI Number:** 65-0580890

**Certificate of Status Desired:** No

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

MARTIN, EUNICE L  
1444 BISCAYNE BLVD, 220  
MIAMI, FL 33132 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/D  
Name STUART, LEO  
Address 12121 N.W. 22ND COURT  
City-State-Zip: MIAMI FL 33167

Title VP  
Name LOWERY, JOHN  
Address 12911 N.W. 21ST AVENUE  
City-State-Zip: MIAMI FL 33167

Title SEC  
Name REID, MAIZELENE  
Address 2100 N.W. 126TH STREET  
City-State-Zip: MIAMI FL 33167

Title TREA  
Name WILLIAMSDOSTER, MYRA  
Address 12800 W. GOLF DR  
City-State-Zip: MIAMI FL 33167

Title ASST. SECRETARY  
Name NICHSON, DOREATHA  
Address 2190 N.W. 135ST STREET  
City-State-Zip: MIAMI FL 33167

Title CORRESPONDING SECRETARY  
Name ROLLINS, DOROTYH  
Address 2200 N.W. 133RD STREET  
City-State-Zip: MIAMI FL 33167

*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:** MYRA WILLIAMSDOSTER

**TREASURER**

**05/11/2015**

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

\_\_\_\_\_  
Date