

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002989

**Entity Name:** TRIANGLE ACRES CENTER PROPERTY OWNERS  
ASSOCIATION, INC.

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC2003956453**

**Current Principal Place of Business:**

2421 SHREVE ST  
SUITE 115  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

2421 SHREVE ST  
SUITE 115  
PUNTA GORDA, FL 33950

**FEI Number: 65-0674636**

**Certificate of Status Desired: No**

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

BENNETT, DOROTHY M  
2421 SHREVE STREET STE. 115  
PUNTA GORDA, FL 33950 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: DOROTHY M BENNETT**

**03/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name STAATS, HAROLD J  
Address 3561 PENNYROYAL RD  
City-State-Zip: PORT CHARLOTTE FL 33953

Title VP  
Name VOLETI, SATH  
Address 4045 TAMIAMI TRAIL  
City-State-Zip: PORT CHARLOTTE FL 33952

Title PRESIDENT  
Name MARESMA, LEONEL  
Address 200 SOUTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34236

*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: STAATS , HAROLD J**

**DIRECTOR**

**03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date