

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
**DO NOT WRITE IN THIS SPACE**

DOCUMENT # **617134**

1. Entity Name

**Triple Crown Realty, Inc.**



11 MAY 17 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

**4700 SHERIDAN ST.**

Suite, Apt. #, etc.

**BLDG. U**

3. Mailing Address

**4700 SHERIDAN ST.**

Suite, Apt. #, etc.

**BLDG. U**

CR2E034B (1/11)

City & State

**HOLLYWOOD FL**

City & State

**HOLLYWOOD FL**

4. FEI Number

**59-1903363**

Applied For

Not Applicable

Zip

**33021**

Country

**BROWARD**

Zip

**33021**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**OLIVIERI, ELLA T.**

Street Address (P.O. Box Number is Not Acceptable)

**4700 SHERIDAN ST.**

**BLDG. U**

City

**HOLLYWOOD**

FL

Zip Code

**33021**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of a registered agent.

**N/A**

SIGNATURE

Signature, typed or printed name of registered agent and date.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

**Juliewhiteyce@hotmail.com**

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

**P.D.V.  
OLIVIERI, ELLA T.  
4700 SHERIDAN ST. BLDG U  
HOLLYWOOD, FL 33021**

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15, F.S.

SIGNATURE:

**Ellen T. Oliveri**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**5/11/11 (1954) 963-1400**

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

**300207320923**

05/06/11--01037--013 \*\*150.00

*al17aw*