

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90049 016 \*\*\*150.00

**DOCUMENT # 729182**

1. Entity Name

TRI-LEISURE CONDOMINIUM, INCORPORATED



Principal Place of Business

C/O W DEMERS & CO.  
8211 STATE RD 52  
HUDSON FL 34667  
US

Mailing Address

C/O W DEMERS & CO.  
8211 STATE RD 52  
HUDSON FL 34667  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1939179

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EMMON, PATRICIA  
5603 SENATE LN  
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name **TODARO, PATRICIA**

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

**5603 SENATE LN.**

City **NEW PORT RICHEY**

**FL**

Zip Code **34652**

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 registered agent.

SIGNATURE

*Patricia Todaro*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-1-06*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete  
NAME **TODARO, PATRICIA**  
STREET ADDRESS **5603 SENATE LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **DP** ☐ Delete  
NAME **FORTUNADO, DON**  
STREET ADDRESS **9814 HIDDEN LANE**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **TD** ☐ Delete  
NAME **EMMONS, DINA**  
STREET ADDRESS **5603 SENATE LN**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patricia Todaro*

*2-1-06*