

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741720 (7)

1. Corporation Name

TRI-CITY COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1313 N.W. 36TH ST.  
SUITE 102  
MIAMI FL 33142

1313 N.W. 36TH ST.  
SUITE 102  
MIAMI FL 33142

3. Date Incorporated or Qualified

01/17/1978

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 5800 N.W. 7th Ave

26 5800 N.W. 7th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 212

27 Suite 212

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33127

25 US

29 33127

30 US

4. FEI Number

59-1848656

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRETT, IVAN  
1137 N.W. 40TH ST.  
MIAMI FL 33127

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
JOHNSON, MARY W  
STREET ADDRESS 1601 NW 56TH WST  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME SVPD  
ALBURY, MIRANDA  
STREET ADDRESS 1490 NW 3RD AVE  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME VPD  
GOLDSMITH, JOHN  
STREET ADDRESS 2021 NW 48TH ST  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME SD  
PRESTON, MARSHALL W  
STREET ADDRESS 900 N.W. 85TH ST.  
CITY - ST - ZIP MIAMI FL 33142

TITLE ☐ DELETE

NAME T  
MARSHALL, PRESTON W. JR  
STREET ADDRESS 900 NW 85TH ST  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME TD  
BARRETT, IVAN  
STREET ADDRESS 1137 N.W. 40TH ST.  
CITY - ST - ZIP MIAMI FL 33127

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PD

Albury, Miranda Y  
1400 NW 3rd Ave  
Miami FL

SVPD

Goldsmith, John Jr.  
2021 NW 48th St  
Miami FL

SVPD

Gonzalez, Angel  
3280 W Flager St #1  
Miami FL

T

Barrett, Ivan  
1137 NW 40th St  
Miami FL

S

Johnson, Mary W  
1601 NW 56th St  
Miami FL

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007424

CR2E037 (3/96)