


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90057 049 \*\*\*\*61.25

<b>DOCUMENT # 743581</b> 1. Entity Name <b>TRINITY VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ADVANCED MANAGEMENT OF S.W. FL, INC.</b> <b>9031 TOWN CENTER PARKWAY</b> <b>BRADENTON, FL 34202 US</b>			Mailing Address <b>C/O ADVANCED MANAGEMENT</b> <b>9031 TOWN CENTER PKWY</b> <b>BRADENTON, FL 34202 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2140225</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADVANCED MANAGEMENT INC</b> <b>9031 TOWN CENTER PKWY</b> <b>BRADENTON, FL 34202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUCHANO, BOBBY</b>		NAME	<b>PD Lana Murphy</b>	
STREET ADDRESS	<b>6625 SUPERIOR AVE</b>		STREET ADDRESS	<b>3302 Island Date Circle</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP	<b>Sarasota, FL 34231</b>	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HERRERA, CANDACE</b>		NAME		
STREET ADDRESS	<b>3601 ALDEN WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILSON, DOUGLAS E</b>		NAME		
STREET ADDRESS	<b>9031 TOWN CENTER PKWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DUCHANO, BOBBY</b>		NAME	<b>T Brent Arny</b>	
STREET ADDRESS	<b>2948 CLARK RD, #121</b>		STREET ADDRESS	<b>2950 Clark Rd #211</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP	<b>Sarasota, FL 34231</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MURPHY, LANA</b>		NAME	<b>Lynn Wood-Peters</b>	
STREET ADDRESS	<b>3302 ISLAND DATE CIR</b>		STREET ADDRESS	<b>2942 Clark Rd</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>		CITY-ST-ZIP	<b>Sarasota, FL 34231</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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.					
<b>SIGNATURE:</b> <u>Diana Gerardi</u> <u>Diana Gerardi</u> <u>5/11/07</u> <u>941-359-1134</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					