

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745251

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** THE TRITON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

501 N RIVERSIDE DR.  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

501 N RIVERSIDE DR  
POMPANO BEACH, FL 33062

**New Mailing Address:**

501 N RIVERSIDE DR.  
POMPANO BEACH, FL 33062

**FEI Number:** 59-2046533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, MICHAEL W  
501 N. RIVERSIDE DR. #202  
POMPANO BEACH, FL 33062 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCCORMACK PETERS, GERALD  
Address: 501 N. RIVERSIDE DRIVE  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: ST ( ) Delete  
Name: LISICKY, ANTON  
Address: 501 N RIVERSIDE DR., #601  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: PD ( ) Delete  
Name: COHEN, MICHAEL  
Address: 501 N RIVERSIDE DR  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP ( ) Delete  
Name: GENTILI, FULVIO  
Address: 501 N RIVERSIDE DR., #102  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: D ( ) Delete  
Name: DAVIS, SHARI  
Address: 501 N. RIVERSIDE DRIVE  
City-St-Zip: POMPANO BEACH, FL 33062 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL COHEN

PRES

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date