

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90311 017 \*\*\*\*61.25

**DOCUMENT # 751637**

1. Entity Name  
**THE TRILLIUM CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**14146 GULF BLVD., #5-C  
MADEIRA BCH, FL 33708**

Mailing Address  
**10825 SEMINOLE BLVD  
#1  
LARGO, FL 33778**

**60024910**



2. Principal Place of Business

3. Mailing Address

03312006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**59-2147201**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPPER, THOMAS W  
10825 SEMINOLE BLVD  
#1  
LARGO, FL 33778**

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 **D** ☐ Delete  
NAME **MULCAHY, JOSEPH**  
STREET ADDRESS **PO BOX 321**  
CITY-ST-ZIP **BROOKLIN ONTARIO, CA**

TITLE **PD** ☐ Delete  
NAME **MYERS, FRED**  
STREET ADDRESS **14146 GULF BLVD.#3A**  
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **DT** ☐ Delete  
NAME **WESLEY, NICHOLS**  
STREET ADDRESS **66 SHAKER RD**  
CITY-ST-ZIP **NEW LONDON, NH 03257**

TITLE **D** ☒ Delete  
NAME **FERNANDEZ, ANTHONY**  
STREET ADDRESS **36 B GULF BOULEVARD**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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 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.

**SIGNATURE:**

*Fred W Myers* **Fred W Myers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/4/06**

**727-397-1192**