

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752674

**FILED**  
**May 03, 2005**  
**Secretary of State**

**Entity Name:** LANDT-TRI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

225-116TH AVE.  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

156 RAMON WAY NE  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CARLSON, CHARLES A  
601 BAYSHORE BLVD.  
STE. 700  
TAMPA, FL 33606 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: PD ( ) Delete  
Name: ESPINOLA, TRINA MD  
Address: 601-7TH ST. S.  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: TD ( ) Delete  
Name: CARLSON, CHERYL  
Address: 156 RAMON WAY NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: SD ( ) Delete  
Name: CARLSON, JEFFREY K  
Address: 156 RAMON WAY NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHERYL CARLSON

TD

05/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date