

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752674

FILED  
Apr 11, 2011  
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:**

225-116TH AVE.  
TREASURE ISLAND, FL 33706 US

**Current Mailing Address:**

156 RAMON WAY NE  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

156 RAMON WAY NE  
ST. PETERSBURG, FL 33704 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**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  
Name: ESPINOLA, TRINA MD  
Address: 601-7TH ST. S.  
City-St-Zip: ST. PETERSBURG, FL 33701 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHERYL L CARLSON

TD

04/11/2011

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

\_\_\_\_\_  
Date