FILED
May 04, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 755475

1. Entity Name
TRI-WOOD CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
% LOIS C. AUGHEY 3762 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	% LOIS C. AUGHEY 3762 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952

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05022005 Nc Chg-NP CR2E007 (10/03)

4. FEI Number
59-2412621
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OAKS, DAVID K.,ESQ.
201 W MARION, STE 205
PUNTA GORDA, FL 33950

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SCRIBNER, SUE
STREET ADDRESS	3762 TAMIAMI TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	PD
NAME	BRODERICK, JAMES
STREET ADDRESS	3762 TAMIAMI TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	TD
NAME	AUGHEY, LOIS C.
STREET ADDRESS	3762 TAMIAMI TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	V
NAME	WILMES, TED
STREET ADDRESS	3762 RAMAMI TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: X Lois C Aughey May 2, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF MGR/M, OFFICER OR DIRECTOR — Date — Daytime Phone #