


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 755475</b>                     |  |
| 1. Entity Name<br>TRI-WOOD CONDOMINIUM, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>% LOIS C. AUGHEY<br>3762 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 | Mailing Address<br>% LOIS C. AUGHEY<br>3762 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 |
|---|---|

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03082006 No Chg-NP CR2E037 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-2412621  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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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IN THIS SPACE**

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 \_\_\_\_\_ (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

1100000475253  
04/05/06-20002-002 61.25

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SCRIBNER, SUE<br>3762 TAMiami TRAIL<br>PORT CHARLOTTE, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BRODERICK, JAMES<br>3762 TAMiami TRAIL<br>PORT CHARLOTTE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>AUGHEY, LOIS C.<br>3762 TAMiami TRAIL<br>PORT CHARLOTTE, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WILMES, TEO<br>3762 RAMAMI TRAIL<br>PORT CHARLOTTE, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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:** Lois C. Aughey Lois C. Aughey 3-15-06 941-629-6868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Treasurer