2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 755475

Entity Name: TRI-WOOD CONDOMINIUM, INC.

Current Principal Place of Business:

% LOIS C. AUGHEY
3762 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

% SUSAN SCRIBNER
3762C TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

Current Mailing Address:

% LOIS C. AUGHEY
3762 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Mailing Address:

% SUSAN SCRIBNER
3762C TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

FEI Number: 59-2412621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OAKS, DAVID K.,ESQ.
201 W MARION, STE 205
PUNTA GORDA, FL 33950 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:	TD	( ) Delete
Name:	SCRIBNER, SUE	
Address:	3762 TAMIAMI TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL	
Title:	PD	( ) Delete
Name:	BRODERICK, JAMES	
Address:	3762 TAMIAMI TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL	
Title:	PD	( ) Delete
Name:	DULANEY, CATHY	
Address:	3762 TAMIAMI TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	VD	( ) Delete
Name:	WILMES, TED	
Address:	3762 RAMAMI TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL	
Title:	SD	( ) Delete
Name:	ANASTASI, SANDY	
Address:	3762 TAMIAMI TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL 33952	

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:	
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 exemption stated 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 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: SUSAN J. SCRIBNER TREA 04/21/2009
Electronic Signature of Signing Officer or Director — Date