

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 768986**

1. Entity Name  
TRINITY VILLAS II, INC.



Principal Place of Business  
3728 N.E. 8TH PLACE  
OCALA, FL 32671-1093

Mailing Address  
3728 N.E. 8TH PLACE  
OCALA, FL 32671-1093

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
52-1666656

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NADEAU, MARILYN  
3728 N.E. 8TH PLACE  
OCALA, FL 32671-1093

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
NADEAU, MARILYN  
3728 N.E. 8TH PLACE  
OCALA, FL 326711093

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BULLARD, WARREN  
121 N.W. 3RD ST.  
OCALA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FAGAN, TINA  
4027 N.E. 30TH STREET  
OCALA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WRIGHT, JEFF  
1547 N.W. 2ND STREET  
OCALA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Marilyn Nadeau* **MARILYN NADEAU**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-9-04 (35) 694-5507*  
Date Daytime Phone #