

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769221

1. Entity Name

TRILOGY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90319 008 \*\*\*150.00

Principal Place of Business

Mailing Address

3201 NE 32ND AVENUE  
FT LAUDERDALE FL 33308

3201 NE 32ND AVENUE  
FT LAUDERDALE FL 33308-7144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9922 Walker House Rd

Suite 5

Montgomery Village MD

20886



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2425566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHRER, THOMAS H ESQ  
ONE EAST BROWARD BLVD. PTHSE 2  
BARNETT BANK TOWER  
FT LAUDERDALE FL 33301

Name

Sam C. Caliendo Esq

Street Address (P.O. Box Number is Not Acceptable)

Suite 302-1430 South Federal Hwy

City

Deerfield Beach FL

Zip Code

33441

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.

SIGNATURE

*Sam C. Caliendo*

SAM C. CALIENDO

4-27-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIEFERD, BARBARA	
STREET ADDRESS	3201 NE 32ND AVE #1E	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FUNK, DOROTHY E	
STREET ADDRESS	3201 NE 32ND AVE #2E	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TSANG, TERRIE	
STREET ADDRESS	3201 NE 32ND AVE #2A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL H NORMOOD	
STREET ADDRESS	9922 Walker House Rd #5	
CITY-ST-ZIP	Montgomery Village MD 20886	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

301 977-8888

CF2E037 (9/99)