

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769221

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: TRILOGY CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

2787 E OAKLAND PARK BLVD  
200  
FT LAUDERDALE, FL 33306

## New Principal Place of Business:

C/O PRO PROPERTY MGMT  
2176 W OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33311

## Current Mailing Address:

2787 E OAKLAND PARK BLVD  
200  
FT LAUDERDALE, FL 33306

## New Mailing Address:

2176 W OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33311

FEI Number: 59-2425566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

MCCLOSKEY, KEVIN  
6331 SW1ST COURT  
PLANTATION, FL 33317 US

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: KEVIN MCCLOSKEY

04/30/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLE, VICTORIA  
Address: 600 SW 4TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: VPD ( ) Delete  
Name: SCHUMAN, PHILLIP R  
Address: 60 BAY COLONY LANE  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: SD ( ) Delete  
Name: NORWOOD, PAUL H  
Address: 9922 WALKER HOUSE RD #5  
City-St-Zip: MONTGOMERY VILLAGE, MD 20386

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: SIEFKER, BARBARA  
Address: 2115 NE 37TH DRIVE  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: PD (X) Change ( ) Addition  
Name: SCHUMAN, PHILLIP R  
Address: 60 BAY COLONY LANE  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VP (X) Change ( ) Addition  
Name: BALLARD, MARIA  
Address: PO BOX 480012  
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILLIP SCHUMAN

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date