

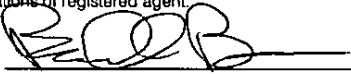
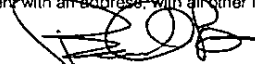


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90437 033 ****61.25

DOCUMENT # N00000000624 1. Entity Name TRUMBULL OFFICE CONDOMINIUM ASSN., INC.					
Principal Place of Business 2351 WEST EAU GALLIE BLVD. SUITE 1 MELBOURNE, FL 32935			Mailing Address 2351 WEST EAU GALLIE BLVD. SUITE 1 MELBOURNE, FL 32935		
2. Principal Place of Business 3210 N. Wickham Road Suite, Apt. #, etc. Suite 5		3. Mailing Address 3210 N. Wickham Road Suite, Apt. #, etc. Suite 5			
City & State Melbourne, Florida		City & State Melbourne, Florida		04262005 Chg-NP CR2E037 (10/03)	
Zip 32935		Country US		4. FEI Number 59-3625179	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRUTZ, MICHAEL J 2351 WEST EAU GALLIE BLVD. SUITE 1 MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Paul A. Bouvier Street Address (P.O. Box Number is Not Acceptable) 3210 N. Wickham Road, Suite 5 City Melbourne FL Zip Code 32935		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> PAUL A. BOUVIER, PRES. 4-27-05 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUTZ, MICHAEL J 2351 WEST EAU GALLIE BLVD., SUITE 1 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Paul A. Bouvier 3210 N. Wickham Road, Suite 5 Melbourne, Florida 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOUVIER, PAUL A 3210 N. WICKHAM ROAD, STE. 5 MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lance Jarvis 3210 N. Wickham Road, Suite 1 Melbourne, Florida 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUTZ, LYNDIA C 2351 WEST EAU GALLIE BLVD., SUITE 1 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Todd Christie 3210 N. Wickham Road, Suite 3 Melbourne, Florida 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jennifer LeBlanc 3210 N. Wickham Road, Suite 2 Melbourne, Florida 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			PAUL A. BOUVIER Director/President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/26/05		Daytime Phone # 321-752-9967