2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000624

1. Entity Name
TRUMBULL OFFICE CONDOMINIUM ASSN., INC.

Principal Place of Business	Mailing Address
3210 N WICKKHAM RD SUITE 5 MELBOURNE, FL 32935	3210 N WICKKHAM RD SUITE 5 MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3625179

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOUVIER, PAUL A
3210 N. WICKHAM ROAD
SUITE 5
MELBOURNE, FL 32935

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, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOUVIER, PAUL A
STREET ADDRESS	3210 N WICKHAM RD STE 5
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	DS
NAME	CHRISTIE, TODD
STREET ADDRESS	3210 N. WICKHAM ROAD, STE. 3
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	DT
NAME	LEBLANC, JENNIFER
STREET ADDRESS	3210 N WICKHAM RD STE 2
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	DVP
NAME	JARVIS, LANCE
STREET ADDRESS	3210 N WICKHAM RD STE 1
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000590749
01/18/07-80067-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #