


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000000542 1. Entity Name TRIANGLE MARKETPLACE PROPERTY OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 1031 W. MORSE BOULEVARD SUITE 300 WINTER PARK, FL 32789	Mailing Address 1031 W. MORSE BOULEVARD SUITE 300 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 04-3682251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SWANN & HADLEY, P.A.
1031 WEST MORSE BOULEVARD
STE 350
WINTER PARK, FL 32789**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, JAMES T JR. 1031 W. MORSE BOULEVARD #300 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOULTON, LESLEY 1031 W. MORSE BOULEVARD #300 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSLOW, ROBERT M 1964 HOWELL BRANCH RD STE 110 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/14/08-80041-005 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:  **4/21/08** **407-628-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #