


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000006925</b> 1. Entity Name TRIPLE DIAMOND COMMERCE PLAZA PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 3439 TECHNOLOGY DR STE 4 NOKOMIS, FL 34275	Mailing Address P.O. BOX 1807 NOKOMIS, FL 34274-1807
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04252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1200433	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

OLSON, PAUL E  
1776 RINGLING BLVD  
SARASOTA, FL 34236

**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, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORSE, BILL J 3439 TECHNOLOGY DR STE 4 NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEACH, JAMES 3439 TECHNOLOGY DR STE 4 NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS BANKS, JERRY 3439 TECHNOLOGY DR STE 4 NOKOMIS, FL 34275
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04/27/05-80161-005 70.00

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IN THIS SPACE**

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:**  **BILL J. MORSE** **4/25/05** **941-486-0071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #