2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N03000006925

Entity Name: TRIPLE DIAMOND COMMERCE PLAZA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

105 TRIPLE DIAMOND BLVD STE 104
NORTH VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1807
NOKOMIS, FL 342741807

New Mailing Address:

FEI Number: 65-1200433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OLSON, PAUL E
1776 RINGLING BLVD
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MORSE, BILL J
Address: 105 TRIPLE DIAMOND BLVD STE 104
City-St-Zip: NORTH VENICE, FL 34275

Title: D ( ) Delete
Name: MORSE, BRAD
Address: 105 TRIPLE DIAMOND BLVD STE 104
City-St-Zip: NORTH VENICE, FL 34275

Title: DVTS ( ) Delete
Name: BANKS, JERRY
Address: 105 TRIPLE DAIMOND BLV STE 104
City-St-Zip: NORTH VENICE, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: MORSE, BILL J
Address: 105 TRIPLE DIAMOND BLVD STE 104
City-St-Zip: NORTH VENICE, FL 34275

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPTS (X) Change ( ) Addition
Name: BANKS, JERRY L
Address: 105 TRIPLE DAIMOND BLV STE 104
City-St-Zip: NORTH VENICE, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JERRY L BANKS DPTS 04/20/2009

Electronic Signature of Signing Officer or Director — Date