


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90082 030 \*\*\*\*61.25

**DOCUMENT # N03000009520**

1. Entity Name  
**TRIPLE E RANCH ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**7208 SAND LAKE ROAD  
 SUITE 304  
 ORLANDO, FL 32819**

Mailing Address  
**7208 SAND LAKE ROAD  
 SUITE 304  
 ORLANDO, FL 32819**

2. Principal Place of Business - No P.O. Box #  
**2820 Gettysburg Lane**

3. Mailing Address  
**2820 Gettysburg Lane**

Suite, Apt #, etc

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33409**

Country  
**US**



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**51-0547290**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NOLAN, BARBARA  
 7208 SAND LAKE ROAD  
 SUITE 304  
 ORLANDO, FL 32819**

7. Name and Address of New Registered Agent  
 Name  
**CHARLES GRIFFIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2820 Gettysburg Lane**  
 City  
**West Palm Beach** **FL** Zip Code  
**33409**

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 *Charles R. Griffin* **CHARLES R. GRIFFIN** **4-17-07**  
 Signature, typed or printed name of registered agent, or both, 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

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 EMMONS, MICHAEL T 7208 SAND LAKE ROAD, STE. 304 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Charles Griffin 2820 Gettysburg Lane WPB, Florida 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD NOLAN, BARBARA 7208 SAND LAKE ROAD, STE 304 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Timothy Mather 6510 NW 95th Lane Pompano Beach, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LIND, LISA 7208 SAND LAKE ROAD, STE 304 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Roy Dee Griffin 335 - 53rd Drive WPB, FL 33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWITZER, JEFF 7208 SAND LAKE ROAD, STE 304 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles R. Griffin* **CHARLES R. GRIFFIN** **4-17-07** **561-688-0270**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #