

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010836

FILED
Apr 26, 2005
Secretary of State

Entity Name: TRINITY APARTMENTS OF LAKELAND, INC.

Current Principal Place of Business:

1051 SECOND AVENUE NORTH
ST.PETERSBURG, FL 34705

New Principal Place of Business:

1050 BURLINGTON AVE N
ST.PETERSBURG, FL 34705

Current Mailing Address:

1051 SECOND AVENUE NORTH
ST.PETERSBURG, FL 34705

New Mailing Address:

1050 BURLINGTON AVE N
ST.PETERSBURG, FL 34705

FEI Number: 51-0492008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A ESQ.
DIVITO & HIGHAM, P.A.
4514 CENTRAL AVE.
ST. PETERSBURG, FL 33711 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: PD () Delete
Name: MILLER, LAURA
Address: 390 WASHINGTON COURT
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: VD () Delete
Name: JONES, GLORIA
Address: 4302 DEERWATER LANE
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: ALBERTS, HENK
Address: 10911 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: DAVIES, IDRIS
Address: 2084 MASSACHUSETTS AVE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: T () Delete
Name: WHITLOCK, PAUL
Address: POST OFFICE BOX 742
City-St-Zip: ARCADIA, FL 34265

Title: D () Delete
Name: BURKHARDT, BOB ASST-TR
Address: 4112 TACON STREET
City-St-Zip: TAMPA, FL 336298547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WYKE, EDWARD D
Address: 219 32 STREET W
City-St-Zip: BRADENTON, FL 34205

Title: PD (X) Change () Addition
Name: JONES, GLORIA
Address: 4302 DEERWATER LANE
City-St-Zip: TAMPA, FL 33615

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

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

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

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

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 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: GLORIA JONES

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date