

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010836

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** TRINITY APARTMENTS OF LAKE LAND, INC.

**Current Principal Place of Business:**

1050 BURLINGTON AVE N  
ST.PETERSBURG, FL 34705

**New Principal Place of Business:**

1201 SOUTH CENTRAL AVE  
LAKE LAND, FL 33815

**Current Mailing Address:**

1050 BURLINGTON AVE N  
ST.PETERSBURG, FL 34705

**New Mailing Address:**

**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:**

KONDOR, DEJE  
1050 BURLINGTON AVE N  
ST. PETERSBURG, FL 33705 US

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: DEJE KONDOR

04/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: PD ( ) 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: ( ) 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:

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 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: GLORIA JONES

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date