

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005283

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** TRIANGLE PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6099 STIRLING RD  
102  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

6099 STIRLING RD  
102  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 20-2152732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SURMAN, CATHY  
6099 STIRLING RD 102  
DAVIE, FL 33314 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: P ( ) Delete  
Name: HASSETT, KENNETH  
Address: 6099 STIRLING ROAD #102  
City-St-Zip: DAVIE, FL 33314 US

Title: VP ( ) Delete  
Name: HODGES, STEVE  
Address: 6099 STIRLING ROAD #102  
City-St-Zip: DAVIE, FL 33314 US

Title: TR/S ( ) Delete  
Name: SURMAN, CATHY  
Address: 6099 STIRLING ROAD #102  
City-St-Zip: DAVIE, FL 33314 US

**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:

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: CATHY SURMAN

TR/S

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date