

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005575

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE TRIAD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

509 NE 64 ST
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

509 NE 64 ST
MIAMI, FL 33138

New Mailing Address:

FEI Number: 20-1197536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, AUNDREA
509 NE 64TH STREET UNIT #1
MIAMI, FL 33138 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: SQUIERTI, MARIO
Address: 509 NE 64 ST UNIT #3
City-St-Zip: MIAMI, FL 33138

Title: T () Delete
Name: MCGILL, ANDREA
Address: 509 NE 64 ST, UNIT #1
City-St-Zip: MIAMI, FL 33138

Title: S () Delete
Name: BROUSSEAU, KEVIN
Address: 509 NE 64 ST, UNIT #2
City-St-Zip: MIAMI, FL 33138

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: AUNDREA MCGILL TREASURER

TREA

04/25/2008

Electronic Signature of Signing Officer or Director

Date