

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-26-2006 90175 028 ****61.25

DOCUMENT # N04000008250					
1. Entity Name TRIANO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY, FL 34229			Mailing Address C/O LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY, FL 34229		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03012006 Chg-NP CR2E037 (11/05)	
4. FEI Number APPLIED FOR 51-0498185				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEYCHOK, DANIEL 1101 S TAMiami TRAIL #205 VENICE, FL 34285			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD VPD MEEHAN, JEFFREY B 601 BAYSHORE BLVD SUITE 650 TAMPA, FL 33606		VD BEYCHOK, DANIEL 1101 S TAMiami TR #205 VENICE, FL 34285		PD LINDA CIPRIANO 1303 TRIANO CIRCLE VENICE, FL 34293	
D BENTLEY, JOE 1202 TRIANO CIR VENICE, FL 34285		[Empty]		[Empty]	
[Empty]		[Empty]		[Empty]	
[Empty]		[Empty]		[Empty]	
[Empty]		[Empty]		[Empty]	
[Empty]		[Empty]		[Empty]	
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

66016754

