

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90048 014 ****61.25

| | | | | | |
|--|---------------------|--|---|---|--|
| DOCUMENT # N04000008250 1. Entity Name TRIANO CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST OSPREY, FL 34229 | | | Mailing Address LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST OSPREY, FL 34229 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 51-0498185 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| G. Name and Address of Current Registered Agent CIPRIANO, LINDA 1303 TRIANO CIR. #205 VENICE, FL 34292 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE <i>Chesley R. Chapman</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="text-align: center;"> <i>(No charge to Registered Agent)</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: right;"> <small>DATE</small> </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | | |
| TITLE | P | | TITLE | Dale Anderson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | CIPRIANO, LINDA A | | NAME | 612 Triano Circle | |
| STREET ADDRESS | 1303 TRIANO CIR. | | STREET ADDRESS | Venice, FL 34292 | |
| CITY-ST-ZIP | VENICE, FL 34292 | | CITY-ST-ZIP | | |
| TITLE | VP | | TITLE | Richard Holmes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | CARROLL, JOHN | | NAME | 204 Triano Circle | |
| STREET ADDRESS | 43 TARPON DR. | | STREET ADDRESS | Venice, FL 34292 | |
| CITY-ST-ZIP | SEA GIRT, NJ 08750 | | CITY-ST-ZIP | | |
| TITLE | PD | | TITLE | | |
| NAME | CIPRIANO, LINDA | | NAME | | |
| STREET ADDRESS | 1303 TRIANO CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE, FL 34293 | | CITY-ST-ZIP | | |
| TITLE | T | | TITLE | | |
| NAME | CHAPMAN, CHESLEY | | NAME | | |
| STREET ADDRESS | 306 TRIANO CIR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE, FL 34292 | | CITY-ST-ZIP | | |
| TITLE | S | | TITLE | | |
| NAME | RECTOR, SUE | | NAME | | |
| STREET ADDRESS | 1105 TRIANO CIR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE, FL 34292 | | CITY-ST-ZIP | | |
| TITLE | BM | | TITLE | | |
| NAME | PONTACORE, BETH | | NAME | | |
| STREET ADDRESS | 1504 TRANO CIR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34212 | | CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE: <i>Chesley R. Chapman</i> Chesley R. Chapman (941) 412-0526 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |