2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90048 012 ****70.00

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1. Entity Name
GREATER TRILBY COMMUNITY ASSOCIATION, INC.

50030584

Principal Place of Business	Mailing Address
P.O. BOX 6 TRILBY, FL 33593-0006	P.O. BOX 6 TRILBY, FL 33593-0006

01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1815131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIHALINEC, DENNY
19450 OLD TRILBY RD.
DADE CITY, FL 33523

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIHALINEC, DENNY 19450 OLD TRILBY RD. DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNT, PAULINE 15915 MARSHFIELD DRIVE TAMPA, FL. 33624-1517
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PIRRELLO, KARYN 20340 PASO FINO WAY DADE CITY, FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWE, KIM 37644 TRILBY ROAD DADE CITY, FL 33523
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RILEY, RICHARD K 20235 OLD TRILBY RD. DADE CITY, FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARAY, JUAN 37503 TRILBY ROAD TRILBY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FINK, KATHLEEN 20600 OLD TRILBY RD. DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD, SD FINK, KATHLEEN 20600 OLD TRILBY ROAD DADE CITY, FL 33523
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, HERB 20950 BEAVER RD. DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREEN, HERB 20950 BEAVER ROAD DADE CITY, FL 33523
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMB, EILEEN 37240 TRILBY ROAD DADE CITY, FL. 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

☐ Change ☒ Addition (D HUNT, PAULINE)
☐ Change ☒ Addition (D ROWE, KIM)
☐ Change ☒ Addition (D GARAY, JUAN)
☒ Change ☐ Addition (VD, SD FINK, KATHLEEN)
☒ Change ☐ Addition (TD GREEN, HERB)
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN FINK Kathleen Fink 2-1605 352-5835973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #