


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90200 015 ****61.25

DOCUMENT # N04000009827	
1. Entity Name GREATER TRILBY COMMUNITY ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 6 TRILBY, FL 33593-0006	Mailing Address P.O. BOX 6 TRILBY, FL 33593-0006
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40001985



2. Principal Place of Business <i>P.O. Box 33</i>	3. Mailing Address <i>P.O. Box 33</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01072006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-1815131	Applied For <input 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 MIHALINEC, DENNY 19450 OLD TRILBY RD. DADE CITY, FL 33523	
7. Name and Address of New Registered Agent Name <i>Richard K Riley</i> Street Address (P.O. Box Number is Not Acceptable) <i>20235 Old Trilby Rd</i> City <i>Dade City</i> FL Zip Code <i>33523</i>	

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 *Richard K Riley* *Richard K Riley* *Jan 9, 2006*
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, 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
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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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Black, Scott 13951 Nimrod ST Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNT, PAULINE 15915 MARSHFIELD DR TAMPA, FL 336241517 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Pirrello, Karyn 20340 Paso Fino way Dade City, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RILEY, RICHARD K 20235 OLD TRILBY RD. DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINK, KATHLEEN 20600 OLD TRILBY RD. DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, HERB 20950 BEAVER RD. DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, KIN 37644 TRILBY RD DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard K Riley* *Richard K Riley* *Jan 9, 2006* *352 583-4994*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #