

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-11-2008 90062 044 ****61.25

DOCUMENT # N04000009827

1. Entity Name
GREATER TRILBY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 33
TRILBY, FL 33593-0006

Mailing Address
P.O. BOX 33
TRILBY, FL 33593-0006

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

01062008

Chg-NP

CR2E037 (12/06)

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

RILEY, RICHARD K
20235 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)

20235 Old Trilby Rd.

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

Richard K Riley Richard K Riley, Secretary

1/9/08

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, 2008

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

| | | |
|----------------|----------------------|--|
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | BLACK, SCOTT | |
| STREET ADDRESS | 13951 NIRATH ST | |
| CITY-ST-ZIP | DADE CITY, FL 33525 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RILEY, RICHARD K | |
| STREET ADDRESS | 20235 OLD TRILBY RD. | |
| CITY-ST-ZIP | DADE CITY, FL 33523 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | FINK, KATHLEEN | |
| STREET ADDRESS | 20600 OLD TRILBY RD. | |
| CITY-ST-ZIP | DADE CITY, FL 33523 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GREEN, HERB | |
| STREET ADDRESS | 20950 BEAVER RD. | |
| CITY-ST-ZIP | DADE CITY, FL 33523 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ROWE, KIM | |
| STREET ADDRESS | 37644 TRILBY RD | |
| CITY-ST-ZIP | DADE CITY, FL 33525 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Judith Geiger | |
| STREET ADDRESS | 39005 Rt 575 | |
| CITY-ST-ZIP | Dade City, FL 33523 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

Richard K Riley Richard K Riley

1/9/08

352 583-4994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #