## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011493

Entity Name: TRILLIUM HOA, INC.

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2477 STICKNEY PT RD., #118A 7591 TRILLIUM BLVD SARASOTA, FL 34231 SARASOTA, FL 34241 **Current Mailing Address: New Mailing Address:** 2477 STICKNEY PT RD., #118A 7591 TRILLIUM BLVD SARASOTA, FL 34231 SARASOTA, FL 34241 FEI Number: 20-1966281 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARGUS PROPERTY MGMT, INC GARRIQUES, ROBERT 2477 STICKLEY PR RD STÉ 118 A 7590 TRILLIUM BLVD SARASOTA, FL 34231 SARASOTA, FL 34241 US 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. SIGNATURE: ROBERT GARRIQUES 04/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition LYNCH, JOHN Name: Name: 7591 TRILLIUM BLVD. Address: Address: SARASOTA, FL 34241 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition SIMON, JAY Name: Name: Address: 7583 TRILLIUM BLVD. Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: STD () Delete Title: SD (X) Change ( ) Addition BUDREAM, JASON Name: BUDREAM, JASON Name: 7650 TRILLIUM BLVD. 7650 TRILLIUM BLVD. Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: TD ( ) Change (X) Addition Name: Name: GARRIQUES, ROBERT 7590 TRILLIUM BLVD. Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: ASD ( ) Change (X) Addition TUSCANO, GEORGE Name: Name: 7631 TRILLIUM BLVD. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SARASOTA, FL 34241

SIGNATURE: ROBERT GARRIQUES TD 04/13/2009