

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90151 024 ****61.25

DOCUMENT # N04033

1. Entity Name
TRINITY BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**52 E. SOUTH STREET
ORLANDO, FL 32801**

Mailing Address
**52 E. SOUTH STREET
ORLANDO, FL 32801**

50020827



2. Principal Place of Business

1801 Cook Avenue
Suite, Apt. #, etc.

3. Mailing Address

1801 Cook Avenue
Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State

Orlando Florida
Zip **32806** Country **Orange**

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Orlando Florida
Zip **32806** Country **Orange**

4. FEI Number
59-2430114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DON ASHER & ASSOCIATES, INC.
52 E. SOUTH STREET
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Donald L. Asher
Street Address (P.O. Box Number is Not Acceptable)

1801 Cook Avenue
City **Orlando** FL Zip Code **32806**

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]

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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MICHELSON, STUART**
STREET ADDRESS **5680 S LAKE BURKETT LN**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **SD** ☐ Delete
NAME **DIGGS, DAVID**
STREET ADDRESS **5670 S LAKE BURKETT LANE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **TD** ☒ Delete
NAME **LANGKAU, TOM**
STREET ADDRESS **8424 ANSON WAY**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **VD** ☐ Delete
NAME **LANDY, KEN**
STREET ADDRESS **5540 S LAKE BURKETT LANE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Delete
NAME **CONYERS, TIM**
STREET ADDRESS **5550 S LAKE BURKETT LANE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Annett Russell**
STREET ADDRESS **5220 N Lake Burnett Lane**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-26-06 4076737717