

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90035 009 ****61.25

DOCUMENT # N05000000031

1. Entity Name
**NEW TRIAD TOWNHOMES OF CARROLLWOOD
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**3900 CLARK ROAD SUITE L-1
SARASOTA, FL 34233**

Mailing Address
**3900 CLARK ROAD SUITE L-1
SARASOTA, FL 34233**

40043000

2. Principal Place of Business - No P.O. Box #
639 Cornwell on the Gulf
Suite, Apt. #, etc.

3. Mailing Address
639 Cornwell on the Gulf
Suite, Apt. #, etc.



03032008 Chg-NP CR2E037 (12/06)

City & State
Venice, FL

City & State
Venice, FL

4. FEI Number
51-0562868

Applied For
Not Applicable

Zip
34285

Country
USA

Zip
34285

Country
USA

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

6. Name and Address of Current Registered Agent

**DOMBER, HARLAN R
3900 CLARK ROAD SUITE L-1
SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

Name
WALIA, HARRY

Street Address (P.O. Box Number is Not Acceptable)
639 Cornwell on the Gulf

City
Venice

FL

Zip Code
34285

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 ☒

HARRY WALIA

3/12/2008

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WALIA, HARRY
639 CORNWELL ON THE GULF
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
PATEL, NEEL A
19 BAYVIEW DR
OSPREY, FL 34229** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MANINDER, WALIA
5208 COMMERCE SQ DR #A
INDIANAPOLIS, IN 46237** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HARRY WALIA

3/12/08

941-3216437