2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N05000005910

Entity Name: TRINITY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

201 FRONT STREET
SUITE 330
KEY WEST, FL 33040

New Principal Place of Business:

908 TRINITY DRIVE
UNIT 4
KEY WEST, FL 33040

Current Mailing Address:

201 FRONT STREET
SUITE 330
KEY WEST, FL 33040

New Mailing Address:

908 TRINITY DRIVE
UNIT 4
KEY WEST, FL 33040

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON, JOHN R III,ESQ
6803 OVERSEAS HIGHWAY
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SWIFT, EDWIN O III
Address: 201 FRONT STREET #224
City-St-Zip: KEY WEST, FL 33040

Title: VPSD ( ) Delete
Name: BELAND, CHRISTOPHER C
Address: 201 FRONT STREET #224
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: MOSHER, GERALD R
Address: 201 FRONT STREET #224
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STROBLE, NIKA
Address: 908 TRINITY DRIVE #4
City-St-Zip: KEY WEST, FL 33040

Title: VPSD (X) Change ( ) Addition
Name: MORENO, JOHN
Address: 908 TRINITY DRIVE #3
City-St-Zip: KEY WEST, FL 33040

Title: TD (X) Change ( ) Addition
Name: MACKENZIE, PAMELA J
Address: 908 TRINITY DRIVE #1
City-St-Zip: KEY WEST, FL 33040

Title: SEC ( ) Change (X) Addition
Name: MONGELLI, MICHELLE A
Address: 908 TRINITY DRIVE #2
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: NIKA STROBLE PD 04/27/2006

Electronic Signature of Signing Officer or Director — Date