

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005910

FILED  
May 30, 2009  
Secretary of State

**Entity Name:** TRINITY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

908 TRINITY DRIVE  
UNIT 4  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

908 TRINITY DRIVE  
UNIT 4  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALLISON, JOHN R III, ESQ  
6803 OVERSEAS HIGHWAY  
MARATHON, FL 33050 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: VPSD ( ) Delete  
Name: MORENO, JOHN  
Address: 908 TRINITY DRIVE #2  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: THOMPSON, CHARLES D JR  
Address: 908 TRINITY DRIVE #1  
City-St-Zip: KEY WEST, FL 33040

Title: SEC ( ) Delete  
Name: MONGELLI, MICHELLE A  
Address: 908 TRINITY DRIVE #3  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: RODRIGUEZ, ANGEL F  
Address: 908 TRINITY DRIVE #4  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: NIKA STROBLE

PS

05/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date