

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006093

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** TRINITY NORTH OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6611 US HWY 19  
SUITE 507  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4200 MCLLYNG DR  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KALOGIANIS, CONSTANTINE  
4821 US HWY 19 SUITE 3  
NEW PORT RICHEY, FL 34652 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: DP ( ) Delete  
Name: KALOGIANIS, CONSTANTINE  
Address: 4821 US HWY 19 SUITE 3  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DV ( ) Delete  
Name: TSIOUKANARAS, THEOHARIS  
Address: 5024 CALASH DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DT ( ) Delete  
Name: FERRANDINO, JOSEPH P  
Address: 4200 MCCLUNG DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: SAMARTZIS, PANAGIOTIS  
Address: 6833 KINGSTREE CT  
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Delete  
Name: SAMARTZIS, PETER  
Address: 6833 KINGSTREE CT  
City-St-Zip: PORT RICHEY, FL 34668

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

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

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

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

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

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: JOSEPH P FERRANDINO

MGR

04/23/2007

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

\_\_\_\_\_  
Date