2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N05000007359

Entity Name: TRINITY CROSSING PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BOOS DEVELOPMENT GROUP, INC.
2651 MCCORMICK DRIVE
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

C/O BOOS DEVELOPMENT GROUP, INC.
2651 MCCORMICK DRIVE
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 20-4437527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STANLEY, BRYAN J
C/O BRYAN J STANLEY PA
114 TURNER STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

STANLEY, BRYAN J
C/O BRYAN J STANLEY PA
209 TURNER STREET
CLEARWATER, FL 33756 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: _____ 03/20/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOOS, ROBERT D
Address: 2651 MCCORMICK DRIVE
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete
Name: BOOS, ROBERT B
Address: 2651 MCCORMICK DRIVE
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete
Name: MORSE, DAVID W
Address: 2651 MCCORMICK DRIVE
City-St-Zip: CLEARWATER, FL 33759

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:

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: ROBERT D BOOS D 03/20/2009
Electronic Signature of Signing Officer or Director — Date