2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N05000007520

Entity Name: TRINITY SPRINGS PROFESSIONAL CENTER PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9037 U.S. HWY 19
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

9037 U.S. HWY 19
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 55-0912406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHESNUT, PHILIP H
9037 U.S. HWY 19
PORT RICHEY, FL 34668 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: D ( ) Delete
Name: DEMPSEY, DAVID W
Address: 9037 U.S. HWY 19
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete
Name: CHESNUT, PHILIP H
Address: 9037 U.S. HWY 19
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete
Name: KINNARD, CAROL L
Address: 9037 U.S. HWY 19
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition
Name: DEMPSEY, DAVID W DIR
Address: 9037 U.S. HWY 19
City-St-Zip: PORT RICHEY, FL 34668

Title: MR. (X) Change ( ) Addition
Name: CHESNUT, PHILIP H DIR
Address: 9037 U.S. HWY 19
City-St-Zip: PORT RICHEY, FL 34668

Title: MS. (X) Change ( ) Addition
Name: KINNARD, CAROL L DIR
Address: 9037 U.S. HWY 19
City-St-Zip: PORT RICHEY, FL 34668

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: PHILIP H. CHESNUT DIR 03/28/2007

Electronic Signature of Signing Officer or Director — Date