
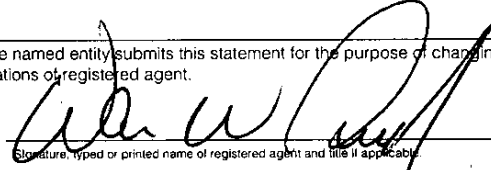
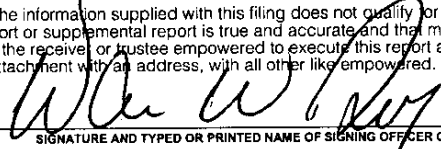


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90162 010 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # N05000012955 1. Entity Name GATOR CROSSING AT TRINITY COMMERCIAL CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business 5721 RICHEY DRIVE PORT RICHEY, FL 34668 | | Mailing Address 5721 RICHEY DRIVE PORT RICHEY, FL 34668 | |
| 2. Principal Place of Business - No P.O. Box # 3523 LITTLE ROAD | | 3. Mailing Address 3523 LITTLE RD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State TRINITY, FL | | City & State TRINITY, FL | |
| Zip 34655 | | Zip 34655 | |
| Country USA | | Country USA | |
| 4. FEI Number 80-0179000 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DUNPHY, WARREN 5721 RICHEY DRIVE PORT RICHEY, FL 34668 | | 7. Name and Address of New Registered Agent Name DUNPHY, WARREN Street Address (P.O. Box Number is Not Acceptable) 3523 LITTLE ROAD City TRINITY FL Zip Code 34655 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE  | | DATE 4/30/08 | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUNPHY, WARREN 5721 RICHEY DRIVE PORT RICHEY, FL 34668 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, LEROY 5721 RICHEY DRIVE PORT RICHEY, FL 34668 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AGARWAL, SUDHIR 5721 RICHEY DRIVE PORT RICHEY, FL 34668 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AGARWAL, SUDHIR 3523 LITTLE ROAD TRINITY, FL 34655 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AGARWAL, SUDHIR 3523 LITTLE ROAD TRINITY, FL 34655 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AGARWAL, SUDHIR 3523 LITTLE ROAD TRINITY, FL 34655 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | DATE 4/30/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 727-376-3867 | |