2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State
03-02-2007 90017 050 ****61.25

DOCUMENT # N06000002119

1. Entity Name
TRAPNELL RIDGE COMMUNITY ASSOCIATION, INC.

400278?5

Principal Place of Business	Mailing Address
600 NORTH WESTSHORE BLVD SUITE 400 TAMPA, FL 33609	600 NORTH WESTSHORE BLVD SUITE 400 TAMPA, FL 33609

01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	206 Easton Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 107
City & State	City & State Lakeland Florida
Zip / Country	Zip / Country 33803 / US

4. FEI Number 02-0786968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'RYAN, CHRISTIAN F
2701 NORTH ROCKY POINT DRIVE SUITE 900
TAMPA, FL 33607
TRAPN

7. Name and Address of New Registered Agent

Name Condominium Associates
Street Address (P.O. Box Number is Not Acceptable)
206 Easton Dr., Suite 107
City Lakeland FL Zip Code 33803

9. 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 Bob Christensen PCAM Regional Association Manager 1-18-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP CACHON, MICHAEL 600 NORTH WESTSHORE BLVD SUITE 400 TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP EICHHOLT, DUSTY 600 NORTH WESTSHORE BLVD SUITE 400 TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KLARKOWSKI, KEVIN 600 NORTH WESTSHORE BLVD SUITE 400 TAMPA, FL 33609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DST HEATHER Middleton 600 N. WESTSHORE Blvd., Suite 400 TAMPA, FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Dusty Eichholt 1-5-07 813-901-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DUSTY EICHHOLT, Vice President