

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002119

FILED
Mar 10, 2009
Secretary of State

Entity Name: TRAPNELL RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

600 NORTH WESTSHORE BLVD SUITE 400
TAMPA, FL 33609

New Principal Place of Business:

1463 OAKFIELD DRIVE
SUITE 142
BRANDON, FL 33511

Current Mailing Address:

PO BOX 781291
ORLANDO, FL 32878 US

New Mailing Address:

MCNEIL MANAGEMENT SERVICES, INC.
PO BOX 6235
BRANDON, FL 33508 US

FEI Number: 02-0786968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIAGO, ROLANDO J
240 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

TANKEL, ROBERT P.A.
1022 MAIN STREET
SUITE D
DUNEDIN, FL 34698 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: ROBERT TANKEL, P.A.

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANSAUR, MAHDI
Address: PO BOX 781291
City-St-Zip: ORLANDO, FL 32878

Title: VP () Delete
Name: SOUTHWARD, MIKE
Address: PO BOX 781291
City-St-Zip: ORLANDO, FL 32878

Title: S () Delete
Name: VEVEA, MARSTEN
Address: PO BOX 781291
City-St-Zip: ORLANDO, FL 32878

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VINSON, SHAWN
Address: 3712 TRAPNELL GROVE LOOP
City-St-Zip: PLANT CITY, FL 33567

Title: VP (X) Change () Addition
Name: DAVIS-CHAPMAN, CARLA
Address: 3410 BERRY BLOSSOM LANE
City-St-Zip: PLANT CITY, FL 33567

Title: T (X) Change () Addition
Name: LILLARD, ERIN
Address: 3615 TRAPNELL GROVE DRIVE
City-St-Zip: PLANT CITY, FL 33567

Title: S () Change (X) Addition
Name: BELLER, SUSAN
Address: 3411 BERRY BLOSSOM LANE
City-St-Zip: PLANT CITY, FL 33567

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: SHAWN VINSON

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date