

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002119

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** TRAPNELL RIDGE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1463 OAKFIELD DRIVE  
SUITE 142  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 02-0786968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TANKEL, ROBERT P.A.  
1022 MAIN STREET  
SUITE D  
DUNEDIN, FL 34698 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  
Name: FREY, JIM  
Address: PO BOX 6235  
City-St-Zip: BRANDON, FL 33508

Title: D  
Name: JONES, ANTHONY  
Address: PO BOX 6235  
City-St-Zip: BRANDON, FL 33508

Title: D  
Name: WYCKOFF, KAREN  
Address: PO BOX 6235  
City-St-Zip: BRANDON, FL 33508

Title: D  
Name: RACHAL, MARIA  
Address: PO BOX 6235  
City-St-Zip: BRANDON, FL 33508

Title: D  
Name: RACHAL, RAY  
Address: PO BOX 6235  
City-St-Zip: BRANDON, FL 33508

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY JONES

PRES

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date