
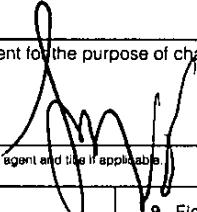


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90058 002 \*\*\*\*61.25

DOCUMENT # N06000002264			
1. Entity Name TRINITY EAST HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689		Mailing Address 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689	
2. Principal Place of Business - No P.O. Box # 4343 Anchor Plaza Pkwy # Premier Comm.		3. Mailing Address 18215 Branch Rd	
Suite, Apt. #, etc. Ste 200		Suite, Apt. #, etc. Hudson	
City & State Tampa FL		City & State Hudson FL	
Zip 33634		Zip 34667	
Country		Country	
6. Name and Address of Current Registered Agent FRIEDLAND, LEW 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name: Mezer, Steven H Street Address (P.O. Box number is Not Acceptable) 220 S. Franklin St. City: Tampa FL Zip Code: 33602	
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:  STEVEN H. MEZER 1/30/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		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	DP FRIEDLAND, LEW 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lee R. Thompson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4343 Anchor Plaza Pkwy #200 Tampa FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORD, DAVID S 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Jeffrey S Roberts <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4343 Anchor Plaza Pkwy #200 Tampa FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALDRIDGE, DANIEL E 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Lisa Turbeville <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4343 Anchor Plaza Pkwy #200 Tampa FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE:  Lee R. Thompson, 1/25/07 813 290 7900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #