

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90024 020 \*\*\*\*61.25

<b>DOCUMENT # N06000002264</b>					
<b>1. Entity Name</b> TRINITY EAST HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4343 ANCHOR PLAZA PKWY STE 200 TAMPA, FL 33634			<b>Mailing Address</b> C/O PREMIER COMM. 18215 BRANCH RD HUDSON, FL 34667		
<b>2. Principal Place of Business - No P.O. Box #</b> 43309 U.S. HWY. 19 N		<b>3. Mailing Address</b> P.O. BOX 1608			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> TARPON SPRINGS FL		<b>City &amp; State</b> TARPON SPRINGS FL		<b>4. FEI Number</b> 74-3168576	
<b>Zip</b> 34689		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PREMIER COMMUNITY CONSULTANTS, INC. 18215 BRANCH RD HUDSON, FL 34667			<b>7. Name and Address of New Registered Agent</b> Name <b>LEW FRIEDLAND</b> Street Address (P.O. Box Number is Not Acceptable) 43309 U.S. HIGHWAY 19 N City <b>TARPON SPRINGS FL</b> Zip Code <b>34689</b>		
<b>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.</b>					
SIGNATURE		<b>LEW FRIEDLAND</b>		<b>1-22-08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, LEE 4343 ANCHOR PLAZA PKWY #200 TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDLAND LEW 43309 U.S. HWY. 19 N TARPON SPRINGS FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROBERTS, JEFFREY 4343 ANCHOR PLAZA PKWY #200 TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALDRIDGE, DANIEL 43309 U.S. HWY. 19 N TARPON SPRINGS FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TURBEVILLE, LISA 4343 ANCHOR PLAZA PKWY #200 TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORD, DAVID 43309 U.S. HWY. 19 N TARPON SPRINGS FL 34689	<input type="checkbox"/> Change <input checked="" 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
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
<b>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.</b>					
SIGNATURE:		<b>LEW FRIEDLAND</b>		<b>1-22-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	