

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002264

FILED
Jan 19, 2009
Secretary of State

Entity Name: TRINITY EAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

43308 U.S. HWY 19 N.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

43308 U S HIGHWAY 19 N
TARPON SPRINGS, FL 34689

Current Mailing Address:

P.O. BOX 1608
18215 BRANCH RD
TARPON SPRINGS, FL 346881608

New Mailing Address:

P.O. BOX 1608
TARPON SPRINGS, FL 346881608

FEI Number: 74-3168576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDLAND, LEW
43309 US HIGHWAY 19N
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

FRIEDLAND, LEW
43309 U S HIGHWAY 19 N
TARPON SPRINGS, FL 34689 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:

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRIEDLAND, LEW
Address: 43309 U.S. HWY. 19N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DVP () Delete
Name: ALDRIDGE, DANIEL
Address: 43309 U.S. HWY. 19N.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DST () Delete
Name: FORD, DAVID
Address: 43309 U.S. HWY 19N
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FRIEDLAND, LEW
Address: 43309 U S HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DVP (X) Change () Addition
Name: ALDRIDGE, DANIEL
Address: 43309 U S HIGHWAY. 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DST (X) Change () Addition
Name: FORD, DAVID
Address: 43309 U S HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: LEW FRIEDLAND

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date