

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008003

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** TRIANGLE AIR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

267 OLD MOODY BLVD  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

267 OLD MOODY BLVD  
PALM COAST, FL 32164

**New Mailing Address:**

**FEI Number:** 26-3683559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, RICH  
267 OLD MOODY BLVD  
PALM COAST, FL 32164 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:** PD  
**Name:** SMITH, RICH  
**Address:** 267 OLD MOODY BLVD  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** VPD  
**Name:** SMITH, LISA  
**Address:** 267 OLD MOODY BLVD  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** STD  
**Name:** CONNER, TIMOTHY J  
**Address:** 4488 N OCEANSHORE BLVD  
**City-St-Zip:** PALM COAST, FL 32137

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:** LISA SMITH

VPD

04/30/2010

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

\_\_\_\_\_  
Date