

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010641

FILED
Apr 21, 2009
Secretary of State

Entity Name: TRINITY PROFESSIONAL PARK OWNERS' ASSN., INC.

Current Principal Place of Business:

2144 DUCK SLOUGH BLVD.
SUITE 101
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

2144 DUCK SLOUGH BLVD.
SUITE 101
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

4133 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

FEI Number: 26-3432743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENFIELD, ADAM S
4133 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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 () Delete
Name: GREENFIELD, ADAM
Address: 5225 ENCLAVE DR.
City-St-Zip: OLDSMAR, FL 34668 US

Title: D () Delete
Name: HALE, BRIAN
Address: 770 TALL OAK TRAIL
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: D () Delete
Name: MACKO, MARK
Address: 2202 DUCK SLOUGH BLVD., SUITE 101
City-St-Zip: TRINITY, FL 34655 US

Title: D () Delete
Name: MARTIN, DENNIS D
Address: 2160 DUCK SLOUGH BLVD., SUITE 101
City-St-Zip: TRINITY, FL 34655 US

Title: D () Delete
Name: ROSE, MANUEL S
Address: P.O. BOX 20046
City-St-Zip: ST. PETERSBURG, FL 33742 US

Title: D () Delete
Name: THOMPSON, CHRIS
Address: 3506 FORAY LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ADAM S GREENFIELD

DR

04/21/2009

Electronic Signature of Signing Officer or Director

Date