# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2008**
**Secretary of State**

DOCUMENT# N07000012257

**Entity Name:** TRINITY VILLAGE, INC.

**Current Principal Place of Business:**

1715 MONROE STREET
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 280
FORT MYERS, FL 339020280

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

STEWART, JOHN F
9100 COLLEGE POINTE COURT
FORT MYERS, FL 33919 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: | FURBRINGER, MAX H | |
| Address: | 16915 TIMBERLAKE DRIVE | |
| City-St-Zip: | FORT MYERS, FL 33908 | |
| Title: | D | ( ) Delete |
| Name: | SPIELMANER, JOSEPH D | |
| Address: | 15480 NELSON'S WALK COURT | |
| City-St-Zip: | NORTH FORT MYERS, FL 33917 | |
| Title: | D | ( ) Delete |
| Name: | THOMAS, DORWIN A.J. | |
| Address: | 16900 S TAMIAMI TRAIL | |
| City-St-Zip: | FORT MYERS, FL 33908 | |
| Title: | D | ( ) Delete |
| Name: | SONNE, MARY H | |
| Address: | 1400 ORANGE RIVER ROAD | |
| City-St-Zip: | FORT MYERS, FL 33905 | |
| Title: | D | ( ) Delete |
| Name: | NOLAND, JOHN A | |
| Address: | 1410 OLMEDA WAY | |
| City-St-Zip: | FORT MYERS, FL 33901 | |
| Title: | D | ( ) Delete |
| Name: | WEAVER, RONALD R | |
| Address: | 913 ROBALO DRIVE | |
| City-St-Zip: | FORT MYERS, FL 33919 | |

**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: JOHN A. NOLAND D 03/28/2008
Electronic Signature of Signing Officer or Director — Date