


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90023 007 ****61.25

DOCUMENT # N11370 1. Entity Name TRINITY SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 605 S. DAKOTA ST. BOX 13 TAMPA, FL 33606 US			Mailing Address 605 S. DAKOTA ST. BOX 13 TAMPA, FL 33606 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01072004 Chg-NP CR2E037 (10/03)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2733416	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent O'ROURKE, STEVE 605 S DAKOTA AVE #4 TAMPA, FL 33606				7. Name and Address of New Registered Agent Name <u>Ryan Bernstein</u> Street Address (P.O. Box Number is Not Acceptable) <u>605 S. Dakota Ave #2</u> City <u>Tampa</u> FL Zip Code <u>33606</u>	
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.					
SIGNATURE <u>Ryan Bernstein</u> <u>Ryan Bernstein Treasurer</u> <u>1/10/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'ROURKE, STEVE <input checked="" type="checkbox"/> Delete 605 S DAKOTA AVE #4 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Christopher Morgan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 603 S. Dakota Ave #2 Tampa, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNSTEIN, RYAN <input type="checkbox"/> Delete 605 S DAKOTA AVE #2 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNA, PETERSON <input checked="" type="checkbox"/> Delete 603 S DAKOTA AVE #4 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROLLINS, MARY PAT <input type="checkbox"/> Delete 603 S DAKOTA AVE #6 TAMPA, FL 33606		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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <u>Ryan Bernstein</u> <u>Ryan Bernstein</u> <u>1/10/04</u> <u>813-487-5510</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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