

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N11370</b>	
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
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04132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2733416	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BERNSTEIN, RYAN 605 S DAKOTA AVE #2 TAMPA, FL 33606
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, CHRISTOPHER 603 S DAKOTA AVE #2 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNSTEIN, RYAN 605 S DAKOTA AVE #2 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROLLINS, MARY PAT 603 S DAKOTA AVE #6 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000315507  
04/19/05-80037-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Mary P. Rollins* *Chm M...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2005 254 2517  
Date Daytime Phone #