2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11370

FILED Aug 02, 2006 Secretary of State

Entity Name: TRINITY SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

605 S. DAKOTA ST.

BOX 13

TAMPA, FL 33606 US

Current Mailing Address: New Mailing Address:

605 S. DAKOTA ST. BOX 13

TAMPA, FL 33606 US

OFFICERS AND DIRECTORS:

FEI Number: 59-2733416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BERNSTEIN, RYAN

605 S DAKOTA AVE

#2

#3

TAMBA FL 23000 HS

TAMPA, FL 33606 US TAMPA, FL 33606 US

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: JAMES L. COTHRON

JAMES L. COTHRON 08/02/2006

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: PD () Delete Title: PD (X) Change () Addition Name: MORGAN, CHRISTOPHER Name: COTHRON, JAMES L

 Address:
 603 S DAKOTA AVE #2
 Address:
 605 S DAKOTA AVE #3

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33606

Title: TD () Delete Title: TD (X) Change () Addition Name: BERNSTEIN, RYAN Name: ROLLINS, MARYPAT

 Name:
 BERNSTEIN, RYAN
 Name:
 ROLLINS, MARYPAT

 Address:
 605 S DAKOTA AVE #2
 Address:
 603 S DAKOTA AVE #6

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33606

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 ROLLINS, MARY PAT
 Name:
 BURTANGER, DONNA

 Address:
 603 S DAKOTA AVE #6
 Address:
 603 S DAKOTA AVE #2

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES L. COTHRON PD 08/02/2006