

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N11370	
1. Entity Name TRINITY SQUARE CONDOMINIUM ASSOCIATION, INC.	



FILED
Aug 08, 2008 08:00 AM
Secretary of State

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
--	--



08052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2733416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COTHRON, JAMES L. 605 S DAKOTA AVE #3 TAMPA, FL 33606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTHRON, JAMES L. 605S DAKOTA AVE #3 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLLINS, MARYPAT 603S DAKOTA AVE #6 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURTANGER, DONNA 603 S DAKOTA AVE #2 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000957319
08/08/08-80003-019 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Donna Burtanger</u>	DATE: <u>8.4.08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>DONNA BURTANGER</u>	DAYTIME PHONE #: <u>8132204730</u>