

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11370

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** TRINITY SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

605 S. DAKOTA ST.  
BOX 13  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

605 S. DAKOTA ST.  
BOX 13  
TAMPA, FL 33606 US

**New Mailing Address:**

**FEI Number:** 59-2733416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COTHRON, JAMES L.  
605 S DAKOTA AVE  
#3  
TAMPA, FL 33606 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: JAMES L. COTHRON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COTHRON, JAMES L  
Address: 605S DAKOTA AVE #3  
City-St-Zip: TAMPA, FL 33606

Title: TD  
Name: ROLLINS, MARYPAT  
Address: 603S DAKOTA AVE #6  
City-St-Zip: TAMPA, FL 33606

Title: SD  
Name: BURTANGER, DONNA  
Address: 603 S DAKOTA AVE #2  
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: JAMES L. COTHRON

PRES

03/25/2010

Electronic Signature of Signing Officer or Director

Date