

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18641

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** THE LLOYD TRIPLEX HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5501 GRANADA BLVD.  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

12206 FOX QUARRY LN  
SANFORD, FL 32773 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

VALENTINO, FERDINAND  
5501 GRANADA BLVD  
SEBRING, FL 33872 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: FERNDINAND, VALENTINO  
Address: 5505 GRANADA BLVD.  
City-St-Zip: SEBRING, FL 33872

Title: P  
Name: VALENTINO, FERDINAND  
Address: 5505 GRANADA BLVD.  
City-St-Zip: SEBRING, FL 33872

Title: D  
Name: MARIE, VALENTINO JEAN  
Address: 5501 GRANADA BLVD  
City-St-Zip: SEBRING, FL 33872

Title: SD  
Name: VALENTINO, JEAN-MARIE  
Address: 5501 GRANADA BLVD  
City-St-Zip: SEBRING, FL 33872

Title: D  
Name: WAGLE, ANAGHA  
Address: 5503 GRANADA BLVD  
City-St-Zip: SEBRING, FL 33872

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: ANAGHA WAGLE

TRES

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date