

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N33452**

1. Entity Name  
TRITON COVE CONDOMINIUM ASSOCIATION, INC.



**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
3040 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228 US

Mailing Address  
3040 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228 US



07072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0218573

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

POST, JOSEPH  
3040 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

**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 September 12, 2008**

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  
D  
POST, JOSEPH  
3040 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DALPRA, SUSAN  
3020 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STUBBS, NEIL  
3060 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000954307  
07/11/08-80007-018 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:**

*Joseph Post*

*Joseph Post*

*7/7/08*

*941-387-1209*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #