FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #
1. Corporation Name

(3)

TRINITY OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Apr 28 1998 8:00am Secretary of State

FILED

Principal Place of Business Mailing Address									i neginat ili aldat likat libita 1841	a ilai aldik di	W BIRII BIRII	BION DIDA ION	
4800 MILE ST	RETCH		4800 k	4800 MILE STRETCH				 	3. Date Incorporated or Qualified				
HOUDAY FL	34690	HOLIDAY FL 34690				" '	01/31/1991						
US US									FEI Number	···.	1	Applied For	
									59-3051415			lot Applicable	
····	Place of Busine:	ss	2a. Mailing Address				6.0	Certificate of Status Desired			Additional		
21 Culto Ant			26 Sulfa And Made						<u> </u>		Required		
Sulte, Apt	. #, e tc.		\vdash	Sulte, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be				
City & Sta	te		27 Cit	City & State				$\overline{}$	Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?				
23			<u> </u>	28				' '	Yes No				
Zip	Country			Zip Country				8. This corporation owes or has paid the current year Intangible					
24	21		29	1==1			Personal Property Tax due June 3				0. Yes No		
,	d Agent		10. Name and Address of New Registered				Agent						
REIMER, FREDERICK 4800 MILE STRETCH HOLIDAY FL 34890						81	Name						
						82	Street Ad	Address (P.O. Box Number is Not Acceptable)					
						83							
HOLIDA	11 FL 34090		·										
					84	City			FL	85 Zip	Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, i am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
signit (am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE													
	Signature, typed or	printed name of registered ag				Ager	nt signature req		4	DATE			
12.	T 00	OFFICERS AN	D DIRECTO	rs A Delete	13.				ODITIONS/CHANGES TO OFFI	CERS AND			
TITLE	PD	ID MANAGE		DE DELETE	1.1 TIT			resi			Change	Addition	
	ITREET ADDRESS 1216 ARLINBROOK DRIVE			1.2 NA				Samuel Soprano 1029 Maravista Drive					
CITY-ST-ZIP		IT RICHEY FL											
TITLE	VPD	II INDIRLI IL		BAL DELETE	1.4 CIT 2.1 TITI		I-ZIP IN	dew Pi	<u>ort Richey. Fl</u> President		Change	Addition .	
NAME	KIDWELL,	ORVILLE			2.2 NA		Č	harl	es Anderson		onenge	PAGE PAGE	
STREET ADDRESS	1 .	STWICK PLACE		235					Montock Court				
CITY-ST-ZIP		T RICHEY FL		2.40			T-ZIP N	New Port Richev. FI				·	
TITLE	SD							ecret		-	Change	Addition	
NAME	SEAVER,	randy		3.2 h								""	
STREET ADDRESS		CHERON DRIVE				EET A	address 8	220 5	Estoch Silver Mist Co	urt		ľ	
CITY-ST-ZIP		T RICHEY FL			3.4. CIT	Y-51	T-ZIP N	ew Po	ort Richev. FI				
TITLE	π			DELETE	4.1 Titt	Æ	[T1	reasu	iren:		Change	Addition	
NAME		S, GEORGE			4. 2 NA	ME	Ro	obert	Wheat			Į.	
STREET ADDRESS		NBROOK DRIVE					ADDRESS 1 (671 K	Kinsmere Drive				
CITY-ST-ZIP TITLE	D NEW PUH	T RICHEY FL		DELETE	4.4 CIT	_	7-71P N 6	ew Ro	ort Richey, FL			F-1 4 1 80	
		ADCOT.		M DELETE	5.1 TITE			irect			Change	Addition	
NAME STREET ADORESE	WHEAT, R	BMERE DRIVE			5.2 NA		1'3	349 °J	ut land Court			i	
STREET ADDRESS		TRICHEY FL					ADDRESS N &	ew Po	rt Richey. F	L			
CITY-ST-ZIP TITLE	D D	I MUTEL FL		DELETE	5.4 CIT		- ZIP 1 .	rect	•		☐ Change	Addition	
NAME	PORTER,	GINNY		occes.	6.2 NAA				Looney		— cuanție	Modilion	
STREET ADORESS		AND COURT					ADDRESS I 6	542 K	insmere Drive				
CITY-ST-ZIP		T RICHEY FL					ADDRESS I		rt Richey, FL				
			ith this filing	does not qualify fo	6.4 C/T				110 07/2Vi) Florido Statutos	direthan an	4:4 . 4b . 4 . 4b .		

Instruction certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or supplied with this report as the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: