2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90134 035 ****61.25

DOCUMENT # N41892

1. Entity Name

TRINITY OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1029 MARAVISTA DRIVE NEW PORT RICHEY FL US	10730 US 19 STE 17 STE 17 PORT RICHEY FL 34668 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3051415 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEATE, RUSS 10730 U.S. 19, SUITE 17 PORT RICHEY FL 34668	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ZOLIKOWSKI,~~ PAULETTE 1826 KINSMERE DR ~~NEW PORT RICHEY FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZBIKOWSKI TRINITY, FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MURPHY, DAVE 1881 KINSMERE DR NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D Bill CREAN 8440 Glengarry Place TRINITY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILHITE, BARBARA 1039 ~~MARA VISTA~~ DRIVE ~~NEW PORT RICHEY FL 34655~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D Midge Scudero 1430 Jutland Dr ~~TRINITY~~ ~~MARAVISTA~~ TRINITY FL 34655	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~MEISSER~~, FRED ~~1507 MARA VISTA~~ DRIVE ~~NEW PORT RICHEY FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D MEISER 1307 MARAVISTA DRIVE TRINITY, FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WHEAT, ROBERT 1671 KINSMERE DRIVE ~~NEW PORT RICHEY FL~~ TRINITY FL, 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Picciano 8431 PRESTWICK PLACE TRINITY, FL 34655	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim KALLAS 1885 KINSMERE DR TRINITY, FL 34655	☐ Delete Add	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL ~~MCMULLEN~~ 8101 MAIDENCANE LANE ~~TRINITY~~, FL 34655	☐ Change ☒ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert E Wheat 2/16/01 727-869-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #