

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90105 012 \*\*\*\*61.25

|                                                                          |                                                                                   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N41892</b>                                                 |  |
| <b>1. Entity Name</b><br>TRINITY OAKS PROPERTY OWNERS' ASSOCIATION, INC. |                                                                                   |

|                                                                                        |                                                                                      |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>1029 MARAVISTA DRIVE<br>NEW PORT RICHEY FL<br>US | <b>Mailing Address</b><br>10730 US 19 STE 17<br>STE 17<br>PORT RICHEY FL 34668<br>US |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

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

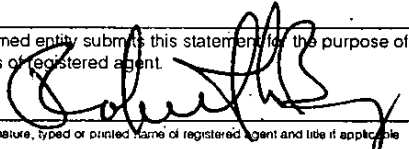
**40048239**



1st MOORE CR2E037 (10/04)

|                                                                                                                          |                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br>PEATE, RUSS<br>10730 U.S. 19, SUITE 17<br>PORT RICHEY FL 34668 | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>Qualified Property Management, Inc.</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>10730 U. S. Highway 19</u><br>City: <u>Robert L. Berg</u><br>City: <u>Port Richey</u> FL Zip Code: <u>34668</u> |
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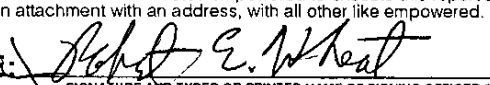
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

|                                                              |                                                                                                                               |                                                                    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                                                                                 |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                 |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE: <u>SD</u><br>NAME: <u>SGUDERO, MIDGE --</u><br>STREET ADDRESS: <u>1430 JUTLAND DRIVE--</u><br>CITY-ST-ZIP: <u>TRINITY FL</u>        | <input checked="" type="checkbox"/> Delete | TITLE: <u>PD</u><br>NAME: <u>Peeler, Grady</u><br>STREET ADDRESS: <u>1823 Kinsmere Drive</u><br>CITY-ST-ZIP: <u>Trinity, FL</u>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: <u>VD</u><br>NAME: <u>SIMONSON, ROBERT ---</u><br>STREET ADDRESS: <u>1296 MARAVISTA DR ---</u><br>CITY-ST-ZIP: <u>TRINITY FL --</u> | <input checked="" type="checkbox"/> Delete | TITLE: <u>VD</u><br>NAME: <u>Mieser, Fred</u><br>STREET ADDRESS: <u>1307 Maravista Drive</u><br>CITY-ST-ZIP: <u>Trinity, FL</u>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: <u>PD</u><br>NAME: <u>PICCIANO, TOM --</u><br>STREET ADDRESS: <u>8421 PRESWICK PLACE --</u><br>CITY-ST-ZIP: <u>TRINITY FL</u>       | <input checked="" type="checkbox"/> Delete | TITLE: <u>SD</u><br>NAME: <u>Mackay, Gary --</u><br>STREET ADDRESS: <u>1328 Wild Pine Court</u><br>CITY-ST-ZIP: <u>Trinity, FL --</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: <u>TD</u><br>NAME: <u>WHEAT, ROBERT</u><br>STREET ADDRESS: <u>1671 KINSMERE DRIVE</u><br>CITY-ST-ZIP: <u>TRINITY FL 34655</u>       | <input type="checkbox"/> Delete            | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: <u>DN</u><br>NAME: <u>STRONG, STEVE --</u><br>STREET ADDRESS: <u>8346 HAWBUCK ST --</u><br>CITY-ST-ZIP: <u>TRINITY FL ----</u>      | <input checked="" type="checkbox"/> Delete | TITLE: <u>BD</u><br>NAME: <u>Chojnowski, Milton</u><br>STREET ADDRESS: <u>1430 Jutland Drive</u><br>CITY-ST-ZIP: <u>Trinity, FL</u>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: <u>TD</u><br>NAME: <u>ZBIKOWSKI, PAULETTE</u><br>STREET ADDRESS: <u>1826 KINSMERE DR --</u><br>CITY-ST-ZIP: <u>TRINITY FL -----</u> | <input checked="" type="checkbox"/> Delete | TITLE: <u>SD</u><br>NAME: <u>Ferralolo, John</u><br>STREET ADDRESS: <u>8233 Danubian Place</u><br>CITY-ST-ZIP: <u>Trinity, FL</u>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

**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:**  **3/31/05 287-376-1318**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert E. Wheat  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_