

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90032 004 ****61.25

DOCUMENT # N41892 1. Entity Name TRINITY OAKS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1029 MARAVISTA DRIVE NEW PORT RICHEY, FL US			Mailing Address 10730 US 19 STE 17 STE 17 PORT RICHEY, FL 34668 US		
2. Principal Place of Business 10730 U.S. 19		3. Mailing Address Suite, Apt. #, etc. Suite 17			
City & State Port Richey, FL		City & State Port Richey, FL		4. FEI Number 59-3051415	
Zip 34668		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MGMT, INC 10730 U.S. HWY 19 ROBERT L BERG PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEELER, GRADY- 4023 KINSMERE DRIVE TRINITY, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB MIESER, FRED-- 1307 MARAVISTA DRIVE-- TRINITY, FL----	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD WHEAT, ROBERT-- 1674 KINSMERE DRIVE-- TRINITY, FL 34655-	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRALOLO, JOHN-- 8253 BANUBIAN PLACE TRINITY, FL----	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McMullan, Michael 10730 U.S. 19, Ste. 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mieser, Fred 10730 U. S. 19, Ste. 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wheat, Robert 10730 U.S. 19, Ste. 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ferralolo, John 10730 U.S. 19, Ste. 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Prange, Carol 10730 U.S. 19, Ste. 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chojnowski, Milton 10730 U.S. 19, Ste. 17 Port Richey, FL	<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 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Jan. 15, 2006 Daytime Phone #					

ATTACHMENT

46031097

DOCUMENT #N41892

TRINITY OAKS PROPERTY OWNERS ASSOCIATION, INC.

D Addition
Balkcom, Richard
10730 U.S. 19, Ste. 17
Port Richey, FL