FILE NOW: FILING FEE IS $61.25.

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49476** **(7)**

1. Corporation Name

TRINITARIA RESIDENCES HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
415 N HIBISCUS DR MIAMI BEACH FL 33139 US	415 N HIBISCUS DR MIAMI BEACH FL 33139 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 06/22/1992	3a. Date of Last Report 08/23/1995
4. FEI Number 65-0423754	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

~~GREGG, KATHY B.~~
~~825 SOUTH BAYSHORE DR.~~
~~SUITE 1641~~
~~MIAMI FL 33131-2956~~

10. Name and Address of New Registered Agent

81 Name: WILLIAM L. HANDLEY
82 Street Address (P.O. Box Number is Not Acceptable): 415-B NORTH HIBISCUS DR.
83
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X William L. Handley DATE: 3/15/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS HANDLEY, WILLIAM L 415 N HIBISCUS DR MIAMI BCH FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~HANDLEY, ANGELA C~~ ~~415 N HIBISCUS DR~~ ~~MIAMI BCH FL~~	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~FENTON, ROBERT H~~ ~~415 N HIBISCUS DR~~ ~~MIAMI BCH FL~~	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANDLEY, ANGELA C 415 N. HIBISCUS DR MIAMI BEACH FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FENTON ROBERT H 415 N. HIBISCUS DR MIAMI BEACH FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TLE / 1.2 ME / 1.3 REET ADDRESS / 1.4 TY-ST-ZIP		☐ Change ☐ Addition
2.1 LE / 2.2 ME / 2.3 REET ADDRESS / 2. TY-ST-ZIP		☐ Change ☐ Addition
3.1 LE / 3.2 ME / 3.3 REET ADDRESS / 3.4 TY-ST-ZIP		☐ Change ☐ Addition
4.1 LE / 4. AME / 4.3 REET ADDRESS / 4.4 TY-ST-ZIP		☐ Change ☐ Addition
5.1 TLE / 5.2 ME / 5.3 REET ADDRESS / 5.4 TY-ST-ZIP		☐ Change ☐ Addition
6.1 LE / 6.2 ME / 6.3 REET ADDRESS / 6.4 TY-ST-ZIP	900001748659 -03/19/96--01028--038 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. L. Handley 3/4/96 305-538-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #