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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49476**

1. Corporation Name
TRINITARIA RESIDENCES HOMEOWNERS ASSOCIATION, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| 415 N HIBISCUS DR<br>MIAMI BEACH FL 33139<br>US | 415 N HIBISCUS DR<br>MIAMI BEACH FL 33139<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip 24 Country 25 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip 29 Country 30 | 3. Date Incorporated or Qualifed<br>06/22/1992<br>4. FEI Number<br>65-0423754 ☐ Applied For ☐ Not Applicable<br>5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

9. Name and Address of Current Registered Agent

CARNESELLA, CATHRYN
415-B NORTH HIBISEUS DRIVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: Cathryn Carnesella
82 Street Address (P.O. Box Number is Not Acceptable): 415 N. Hibiscus Dr. Unit B
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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Cathryn Carnesella DPS 1/15/99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPS<br>CARNESELLA, CATHRYN<br>415 N HIBISCUS DR<br>MIAMI BCH FL 33139 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VIERA, JAMES<br>415 N HIBISCUS DR<br>MIAMI BEACH FL 33139 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FENTON, ROBERT H<br>415 N HIBISCUS DR<br>MIAMI BEACH FL | ☑ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>Angel Acosta<br>415 N. Hibiscus Dr<br>Miami Beach, FL | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

14. 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 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, with all other like empowered.

**SIGNATURE:** [signature] FOR Cathryn Carnesella 1-15-99 (305) 672-5785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #