

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49476

FILED
Apr 23, 2007
Secretary of State

Entity Name: TRINITARIA RESIDENCES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

415 N HIBISCUS DR
#A
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

415 N HIBISCUS DR
#A
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0423754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, STEVE J
415 N HIBISCUS DR
UNIT A
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARNESELLA, CATHRYN
Address: 415 N HIBISCUS DR
City-St-Zip: MIAMI BCH, FL 33139

Title: D () Delete
Name: COMPTON, TREVOR
Address: 415 N HIBISCUS DR #D
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: RODRIGUEZ, FRANCISCO P
Address: 415 N HIBISCUS DR #C
City-St-Zip: MIAMI BEACH, FL 33139

Title: PSTD () Delete
Name: EVANS, STEVE J
Address: 415 N HIBISCUS DR
City-St-Zip: MIAMI BCH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE J EVANS

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

Date