

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**FILED  
Apr 15, 2009  
Secretary of State

DOCUMENT# N49476

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 33139Title: D      ( ) Delete  
Name: COMPTON, TRAVIS  
Address: 415 N HIBISCUS DR #D  
City-St-Zip: MIAMI BEACH, FL 33139Title: D      ( ) Delete  
Name: AROMIN, VICTOR  
Address: 415 N HIBISCUS DR #C  
City-St-Zip: MIAMI BEACH, FL 33139Title: PSTD      ( ) Delete  
Name: EVANS, STEVE J  
Address: 415 N HIBISCUS DR #A  
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 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date