

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003083

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE TRI COMMUNITY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2190 NW 135TH STREET
MIAMI, FL 33167 US

New Principal Place of Business:

2301 E. GOLF DRIVE
MIAMI, FL 33167 US

Current Mailing Address:

P.O. BOX 681617
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-0580890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, EUNICE L
1444 BISCAYNE BLVD, 220
MIAMI, FL 33132 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: P/D () Delete
Name: NICHSON, DORETHA G
Address: 2190 NW 135TH STREEET
City-St-Zip: MIAMI, FL 33167 US

Title: VP () Delete
Name: SIMMS, A. L
Address: 13300 NW 21 AVENUE
City-St-Zip: MIAMI, FL 33167

Title: VP () Delete
Name: ROLLINS, DOROTHY
Address: 2200 NW 133 STREET
City-St-Zip: MIAMI, FL 33167

Title: SD () Delete
Name: SUTTON, PAULINE
Address: 2151 NW 133 STREET
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: MCDUFFIE, ROSA
Address: 2152 NW 133RD STREET
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SMITH, PEARLINE
Address: 2301 E. GOLF DRIVE
City-St-Zip: MIAMI, FL 33167 US

Title: VP I (X) Change () Addition
Name: SIMMS, A. L
Address: 13300 NW 21 AVENUE
City-St-Zip: MIAMI, FL 33167

Title: VP II (X) Change () Addition
Name: LEWIS, PEARLY
Address: 1755 NW 132ND STREET
City-St-Zip: MIAMI, FL 33167

Title: SEC (X) Change () Addition
Name: DOSTER, MYRA
Address: 12800 W. GOLF DR
City-St-Zip: MIAMI, FL 33167

Title: TREA (X) Change () Addition
Name: MCDUFFIE, ROSA
Address: 2152 NW 133RD STREET
City-St-Zip: MIAMI, FL 33167

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: DORETHA G NICHSON

DIR

04/21/2009

Electronic Signature of Signing Officer or Director

Date