

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002989

FILED  
Jan 19, 2005  
Secretary of State

**Entity Name:** TRIANGLE ACRES CENTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1107 W. MARION AVE.  
SUITE 112  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

1107 W. MARION AVE.  
SUITE 112  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 65-0674636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, JAMES E III  
1107 W. MARION AVE.  
SUITE 112  
PUNTA GORDA, FL 33950 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: PD ( ) Delete  
Name: ZAPPA, GERARD  
Address: 6 RUE DE VIEUSART  
City-St-Zip: B-1325 CHAUMONT, GISTOUX,

Title: VD ( ) Delete  
Name: Haelterman, Jacques  
Address: 119-133 RUE LANEAU  
City-St-Zip: 1020 BRUSSELS, BELGUIM,

Title: STD ( ) Delete  
Name: DEBEUKELAER, BRIGITTA A  
Address: VOSHOLLEI 29  
City-St-Zip: BRASSCHAET 2930, BELGUIM,

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERARD ZAPPA

PD

01/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date