

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005739 1. Entity Name TRINITY OAKS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 43309 U.S. 19 NORTH TARPON SPRINGS, FL 34689	Mailing Address P.O. BOX 1608 TARPON SPRINGS, FL 34688-1608
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01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3372939	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRIEDLAND, LEW 43309 U.S. 19 NORTH TARPON SPRINGS, FL 34689
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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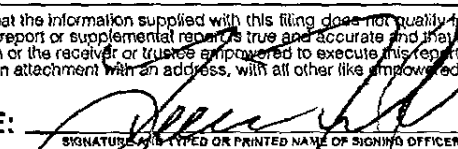
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDLAND, LEW 43309 U.S. 19 NORTH TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORD, DAVID 43309 U.S. 19 NORTH TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALDRIDGE, DAN 43309 U.S. 19 NORTH TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/10/06-80097-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	LEW FRIEDLAND Date 4/8/06 Daytime Phone # (727) 942-2591
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