

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000005739
 1. Entity Name
 TRINITY OAKS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 43309 U.S. 19 NORTH P.O. BOX 1608
 TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34688-1608



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3372939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000614176
 02/06/07-80015-008 61.25

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 report 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: *Len Friedland* **LEN FRIEDLAND** 1-11-07 727-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #