

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005739

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** TRINITY OAKS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

43309 U.S. 19 NORTH  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

43309 U S HIGHWAY 19 N  
TARPON SPRINGS, FL 34689 US

**Current Mailing Address:**

P.O. BOX 1608  
TARPON SPRINGS, FL 346881608

**New Mailing Address:**

P.O. BOX 1608  
TARPON SPRINGS, FL 346881608 US

**FEI Number:** 59-3372939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDLAND, LEW  
43309 U.S. 19 NORTH  
TARPON SPRINGS, FL 34689 US

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

FRIEDLAND, LEW  
43309 U S HIGHWAY 19 N  
TARPON SPRINGS, FL 34689 US

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:

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRIEDLAND, LEW  
Address: 43309 U.S. 19 NORTH  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DST ( ) Delete  
Name: FORD, DAVID  
Address: 43309 U.S. 19 NORTH  
City-St-Zip: TARPON SPRINGS, FL

Title: VD ( ) Delete  
Name: ALDRIDGE, DAN  
Address: 43309 U.S. 19 NORTH  
City-St-Zip: TARPON SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FRIEDLAND, LEW  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DST (X) Change ( ) Addition  
Name: FORD, DAVID  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VD (X) Change ( ) Addition  
Name: ALDRIDGE, DANIEL  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: LEW FRIEDLAND

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date