2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000005921

JOHŃ G. & ANNA MARIA TROIANO FOUNDATION, INC.



Principal Place of Business Mailing Address 435 L'AMBIANCE DRIVE, K-805 435 L'AMBIANCE DRIVE, K-805 5001231A LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 65-0716854 Applied For Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ^{Name} Anna Maria Troiano TROIANO, JOHN G 435 L'AMBIANCE DRIVE, K-805 Street Address (P.O. Box Number is Not Acceptable) 435 L'Ambiance Drive K-805 LONGBOAT KEY, FL 34228 City Longboat Key Zip Code 34228 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. Anna Maria Troiano, President and Director 4/3/06 SIGNATURE . (NOTE: Registered Agent eignsture required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be П Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MUE D ☐ Delete TITL F **Addition** NAME TROIANO, JOHN G NAME RUSSO, JOSEPH A. C/O 435 L'AMBIANCE DRIVE, K-805 LONGBOAT KEY, FL 34228 435 L'AMBIANCE DRIVE, K-805 STREET ADORESS STREET ADDRESS CCTY-ST-70P LONGBOAT KEY, FL 34228 CITY-SI-ZIP IIII F D Delete TITLE ☐ Change Addition TROIANO, ANNA M NAME 435 L'AMBIANCE DRIVE, K-805 STREET ADDRESS STREET ADORESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP n ☐ Delete ITTLE Change ☐ Addition RUSSO, MARIE A NAME MALIF STREET ADDRESS C/O 435 L'AMBIANCE DRIVE, K-805 STREET ADDRESS

CITY-ST-ZIP 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

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LONGBOAT KEY, FL 34228

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Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90153 032 ****61.25

Daytime Phone #