


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90095 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001285					
1. Corporation Name TRIANGLE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134			Mailing Address 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Cour 29		3. Date Incorporated or Qualified 03/05/1998 4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HELLMAN, MAYNARD J ESO 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134					
11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statute, I, the undersigned, being the 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered,					
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE DP <input type="checkbox"/> DELETE NAME HELLMAN, MAYNARD J STREET ADDRESS 1100 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES FL 33134		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVS <input type="checkbox"/> DELETE NAME ROLDAN, MARTHA STREET ADDRESS 1100 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES FL 33134		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVT <input type="checkbox"/> DELETE NAME SUERO, LUCY STREET ADDRESS 8433 WEST OKEECHOBEE ROAD CITY-ST-ZIP HALFAH GARDENS FL 33016		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maynard J Hellman President

Date

Daytime Phone #

4-22-99 (305) 448-8282

CR2E037-11/98