NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVIDION OF COPPORATIONS

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

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

na.	1999	bivision or c			
DOCU	MENT # N98000	001285			
, 1. Corporation				, ,,,	
TRIANGL	E COMMUNITY ASSOCIATION	on, inc.		* 5 580458 - 90009 -	
Principal Place	e of Business	Malling Address		590458- 90009 -	14
1100 PONCE DE LEON BLVD 1100 PONCE DE LEON BLVD				i	### 11313 (1 13 1 1111 1111 111
CORAL GABLE		CORAL GABLES FL 33134			
	•			FIRSTINGT BIR (B) BI (BNI) BRILL BRI	19(1)515 HBE/ 15(5)
	:				
2. Principal P	face of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21		26		03/05/1998	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27			Not Applicable \$8.75 Additional
City & Stat	<u>te</u>	City & State		5 Certificate of Status Desired	Fee Required
23 Zin	Country	28 Zip	Cour	6. Election Campaign Financing	\$5,00 May Be
ΖΙρ •••	25		30	Trust Fund Contribution	Added to Fees
24	9. Name and Address of Current		 -	Name and Address of New Registered	Agent
				-	1
HFILMAN	, MAYNARD J ESO			Imber is Not Acceptable)	
	ICE DE LEON BLVD		. 1	/	
	ABLES FL 33134		\wedge	<i>[</i>	
			< \ \	F1	85 Zip Code
			~ 710A	FL FL	f changing its registered
11. Pursuant	to the provisions of Sections 817.0502 registered agent, or beth, in the State of im jargiliar with, and accept the obligati	and 617.1508, Florida ⊱ #Florida. Such change	JUN X	abmits this statement for the purpose of id of directors. I hereby accept the appo	intment as registered
agent. l'a	im anniliar with, and accept the obligati	ons of, Section 617.05	/\\U	<i>E</i>	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	· V }	A reinstading) DAYE	
12.	OFFICERS AND		\	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.37%	<i></i>	Change Addition
NAME	HELLMAN, MAYNARD J		12 NALE		•
STREET ADDRESS	1100 PONCE DE LEON BLVD		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY- ST-ZIP	·	Change Addition
TITLE	DVS	☐ OELETE	21 TITLE		Charles Chryson
NAME	ROLDAN, MARTHA		2.2 NAME		
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	☐ DELETE	2.4 C/TY-ST-ZIP		☐ Change ☐ Addition
TITLE	DVT	- Thickele '	3.1 MLE 32 NAME	and the second s	
NAME	SUERO, LUCY 8433 WEST OKEECHOBEE ROA	n	23 STREET ADDRESS		•
-STREET ADDRESS	HIALEAH GARDENS FL 33016	·	34.CHY-ST-ZP		·
CITY-ST-ZIP	TRALEFOT GRAIDERO TE GOOTO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	-		4.4 City-St-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		•
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP	·	☐ Change ☐ Addition
TITLE	1.	☐ DELETE	6.1 TITLE		Township Dymonton
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

448-8282

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