# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 31, 2000 8:00 am**
**Secretary of State**
05-02-2000 90007 037 ****61.25

DOCUMENT # N98000001285

1. Entity Name

TRIANGLE COMMUNITY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1100 PONCE DE LEON BLVD~~<br>~~CORAL GABLES FL 33134~~ | ~~1100 PONCE DE LEON BLVD~~<br>~~CORAL GABLES FL 33134-3272~~<br>150 S. PINE ISLAND RD<br>Ste 500, PLANTATION FL 33324 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 150 S. PINE ISLAND RD | 150 S. PINE ISLAND DR |
| Suite, Apt. #, etc.: 500 | Suite, Apt. #, etc.: Ste 500 |
| City & State: PLANTATION | City & State: PLANTATION |
| Zip: 33324 Country: FL | Zip: 33324 Country: FL |

4. FEI Number 65-0677457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~HELLMAN, MAYNARD J ESQ~~<br>~~1100 PONCE DE LEON BLVD~~ 150 S. PINE ISLAND RD<br>~~CORAL GABLES FL 33134~~ STE 500<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>HELLMAN, MAYNARD J<br>1100 PONCE DE LEON BLVD<br>CORAL GABLES FL 33134 | ☐ Delete | PRESIDENT<br>MAYNARD J. HELLMAN<br>150 S PINE ISLAND RD #500<br>PLANTATION FLA 33324 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVS<br>ROLDAN, MARTHA<br>1100 PONCE DE LEON BLVD<br>CORAL GABLES FL 33134 | ☒ Delete | V-PRES/SEC/TREAS-D<br>LUCY SUERO<br>8433 W. OKEECHOBEE RD<br>HIALEAH GARDENS, FLA 33016 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVT<br>SUERO, LUCY<br>8433 WEST OKEECHOBEE ROAD<br>HIALEAH GARDENS FL 33016 | ☐ Delete | MALINDA GREEN-D<br>150 S. PINE ISLAND RD. #500<br>PLANTATION, FLA 33324 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. 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 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: /S/ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #