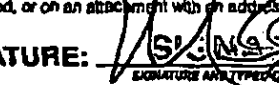


2000 UNIFORM BUSINESS REPORT (UBR)

556

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 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134		Mailing Address 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134 150 S. PINE ISLAND RD STE 500, PLANTATION FL 33324	
2. Principal Place of Business 150 S. PINE ISLAND RD 500		3. Mailing Address 150 S. PINE ISLAND DR 500	
City & State PLANTATION		City & State PLANTATION	
Zip 33324	Country FL	Zip 33324	Country FL
4. FEI Number 65-0677957		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELLMAN-MAYNARD J ESQ 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134		7. Name and Address of New Registered Agent	
Name HELLMAN-MAYNARD J ESQ		Street Address (P.O. Box Number is Not Acceptable)	
City PLANTATION, FL		Zip Code 33324	
8. The above named entity submitted statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.			
SIGNATURE 		DATE	
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 HELLMAN, MAYNARD J 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HELLMAN, MAYNARD J 150 S PINE ISLAND RD #500 PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROLDAN, MARTHA 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRES/SEC/TREAS-D LUCY SUERO 8433 W. OKEECHOBEE RD MALEAH GARDENS, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SUERO, LUCY 8433 WEST OKEECHOBEE ROAD MALEAH GARDENS FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAEINDA GREEN-D 150 S. PINE ISLAND RD #500 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.			
SIGNATURE: 		DATE	