2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90068 003 ****70.00

DOCUMENT # N99000000043

1. Entity Name

TRIESTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7150 ADDISON RESERVE DELRAY BEACH FL 33446	21045 COMMERCIAL TRAIL BOCA RATON FL 33486

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3561282 ☐ 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
ISAACSON, WILLIAM K C\O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KAPLAN, RICHARD 7760 TRIESTE PLACE DELRAY BEACH FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dale Frost 7877 Trieste Place Delray Beach, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHILLIPS, RON 7849 TRIESTE PLACE DELRAY BEACH FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Stephen Solomon 7929 Trieste Place Delray Beach, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOLDMAN, IRWIN 7864 TRIESTE WAY DELRAY BEACH FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Janet Fuchs Treasurer 7737 Trieste Place Delray Beach, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHWEIBISH, SHARON 7769 TRIESTE PLACE DELRAY BEACH FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Arlene Spodak secretary 7889 Trieste Place Delray Beach, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINSKY, MARK 7921 TRIESTE PLACE DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.

SIGNATURE: _____ 4.11.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #