

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000043

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** TRIESTE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7150 ADDISON RESERVE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**New Mailing Address:**

% LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**FEI Number:** 59-3561282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ISAACSON, WILLIAM K  
CIO LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FROST, DALE  
Address: 7897 TRIESTE PLACE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: SOLOMON, NANCY  
Address: 7929 TRIESTE PLACE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: T ( ) Delete  
Name: FUCHS, JANET  
Address: 7737 TRIESTE PL  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S ( ) Delete  
Name: SPODECK, ARLENE  
Address: 7889 TRIESTE PL  
City-St-Zip: DELRAY BEACH, FL 33446

Title: P ( ) Delete  
Name: MINSKY, MARK  
Address: 7921 TRIESTE PLACE  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SOLOMON, NANCY  
Address: 7929 TRIESTE PLACE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SPODAK, ARLENE  
Address: 7889 TRIESTE PL  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MINSKY

PRES

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date