## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # N99000002657 1. Entity Name 04-26-2006 90177 015 \*\*\*\*61.25 LAUREL GREEN AT TRINITY COMMUNITIES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1326 LAUREL GREEN CT 1326 LAUREL GREEN CT NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655 2. Principal Place of Business 3. Mailing Address 40347 US HUY 19N PO, Box Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) SUITE City & State City & State 4. FEI Number Applied For Springs 59-3580975 Springs ARPON ALPON Not Applicable Country PINELLAS Country \$8.75 Additional 5. Certificate of Status Desired Fee Required MELLAS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent J PROPERTY MANAGEMENT RASPEN, JOHN P Street Address (P.O. Box Number is Not Acceptable) 1326 LAUREL GREEN CT **NEW PORT RICHEY FL 34655** Zip Code 34689 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change TITLE Delete ☐ Addition SMITH RASPEN, JOHN NAME NAME 1339 LAUREL GREEN CT STREET ADDRESS 1326 LAUREL GREEN CT STREET ADDRESS TRINITY, FL 34655 TRINITY FL 34655 CITY-ST-ZIP CITY-\$T-ZIP VΡ TITLE 📈 Delete TITLE Change ☐ Addition ERNEST KRAUTH 1326 LAUREL GREEN CT SMITH, DONNA NAME 1339 LAUREL GREEN CT STREET ADDRESS STREET ADDRESS TRINITY, FL 34655 TRINITY FL 34655 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MIKLAS, CHRISTINE NAME NAME 1330 LAUREL GREEN COURT STREET ADDRESS STREET ADDRESS TRINITY FL 34655 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME

STREET ADDRESS

CITY-ST-ZIP

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.

FILED