

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90078 029 ****61.25

DOCUMENT # N99000002657 1. Entity Name LAUREL GREEN AT TRINITY COMMUNITIES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 40347 US HWY 19 N SUITE 201 TARPON SPRINGS, FL 34689			Mailing Address P.O. BOX 695 TARPON SPRINGS, FL 34688-0695		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3580975	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent I&J PROPERTY MANAGEMENT, INC - 40347 US HWY 19 NORTH SUITE 201 TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P SMITH, DONNA 1339 LAUREL GREEN CT TRINITY, FL 34655		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MIKLAS, HARRY 1330 LAUREL GREEN COURT TRINITY, FL 34655	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KRAUTH, ERNEST 1326 LAUREL GREEN CT TRINITY, FL 34655		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SUITKO, JAKE 1334 LAUREL GREEN COURT TRINITY, FL 34655	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MIKLAS, CHRISTINE 1330 LAUREL GREEN COURT TRINITY, FL 34655		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>			Date: 4-01-08 Daytime Phone #: 727-942-4755		