

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 006 ***150.00

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1. Entity Name
TRI-SQUARE REALTY, INC.



Principal Place of Business
275 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174

Mailing Address
275 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174

40057895



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3383007

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

VOGES, WILLIAM J
275 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NOWWISKIE, RON E
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VD
NAME VOGES, WILLIAM J
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE TD
NAME DITTBENNER, EILEEN M
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE S
NAME ROMANO, SHARON
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE AS
NAME JONES, VICKY
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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: Ronald E. Nowviskie Ronald E. Nowviskie, Pres. 3/29/2008 3866714908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #