I hereby 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 all other like empowered.	

SIGNATURE: JAIME GIRARDI

Electronic Signature of Signing Officer/Director Detail

Date

04/11/2023

The above named	entity submits this statement for the purpose of changing i	its registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE:	: JAMIE KAY MICK			04/11/2023
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	D	Title	D, P	
Name	SILVA, SUSAN	Name	GIRARDI, JAIME	
Address	7916 EVOLUTION WAY SUITE 210	Address	7916 EVOLUTION WAY SUITE 210	
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRINITY FL 34655	
Title	D			
Name	DYER, RENEE'			
Address	7916 EVOLUTIONS WAY			
City-State-Zip:	NEW PORT RICHEY FL 34655			

MICK, JAMIE KAY 7916 EVOLUTION WAY SUITE 210 TRINITY, FL 34655 US

TRINITY, FL 34655 US

FEI Number: 26-1529781

Name and Address of Current Registered Agent:

7916 EVOLUTION WAY SUITE 210 TRINITY, FL 34655

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0700003666

Entity Name: TRINITY CORPORATE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

Current Mailing Address:

7916 EVOLUTION WAY SUITE 210

Certificate of Status Desired: No

FILED Apr 11, 2023 Secretary of State 2714604831CC