

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2005
Secretary of State**

DOCUMENT# N04000006802

Entity Name: TREVI PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6914 OLD WHISKEY CREEK DR
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6914 OLD WHISKEY CREEK DR
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-2065268 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONSOER, GEORGE L JR.
1625 HENDRY ST STE 301
FT MYERS, FL 33901 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: NORRIS, LARRY T
Address: 6914 OLD WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: NORRIS, RENEE
Address: 6914 OLD WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: BAUM, HERBERT
Address: 6914 OLD WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NORRIS, LARRY T
Address: 6914 OLD WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY NORRIS

Electronic Signature of Signing Officer or Director

P

04/20/2005

Date