

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 11, 2009
Secretary of State**

DOCUMENT# N04000006802

Entity Name: TREVI PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**12121 VIA DEL FONTANA WAY
FT MYERS, FL 33919**New Principal Place of Business:**12131 VIA DEL FONTANA WAY
FT MYERS, FL 33919**Current Mailing Address:**12121 VIA DEL FONTANA WAY
FT MYERS, FL 33919**New Mailing Address:**12131 VIA DEL FONTANA WAY
FORT MYERS, FL 33919

FEI Number: 20-2065268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:**Name and Address of New Registered Agent:**BOY, SUZANNE
1715 MONROE STREET
FORT MYERS, FL 33902 US

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: SUZANNE BOY

09/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: RUNYON, THOMAS G
Address: 12121 VIA FONTANA WAY
City-St-Zip: FORT MYERS, FL 33919Title: VSD () Delete
Name: JESSUP, DEBRA R
Address: 12130 VIA FOUNTANA WAY
City-St-Zip: FORT MYERS, FL 33919Title: TD () Delete
Name: SMITH, ANDREW L
Address: 2664 SUNVALE COURT
City-St-Zip: CAPE CORAL, FL 33914**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: COLACO, FRANK
Address: 12131 VIA FONTANA WAY
City-St-Zip: FORT MYERS, FL 33919Title: () 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 exemption stated 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 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: FRANK COLACO

PD

09/11/2009

Electronic Signature of Signing Officer or Director

Date