


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90162 034 ****61.25

DOCUMENT # N03000010813	
1. Entity Name TREVISO PROPERTY OWNERS ASSOCIATION OF LEE COUNTY, INC.	

Principal Place of Business 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134	Mailing Address 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134
---	---

2. Principal Place of Business 9411 Cypress Lake Drive	3. Mailing Address 9411 Cypress Lake Drive
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. Suite 2
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33919	Country US



03142006 Chg-NP CR2E037 (11/05)


4. FEI Number 52-2439425	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent WCI COMMUNITIES PROPERTY MANAGEMENT, INC. ATTN: MICHAEL HESSEL 24201 WALDEN CENTER DR. BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent Name Bob Gelles c/o Schoo Management Street Address (P.O. Box Number is Not Acceptable) 9411-2 Cypress Lake Drive City Fort Myers FL 33919
--

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  DATE _____
Signature, typed or printed name of registered agent, and, if applicable, (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25 Due by May 1, 2006	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD UHRMACHER, JERRY 9351 AVIANO DR. FT. MYERS, FL 33913 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROSS, EMILY 9200 AVIANO DR. FT. MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Emily Ross 9200 Aviano Drive Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Bob Werschky 9305 Aviano Drive Fort Myers, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Blair Law 9341 Aviano Drive Fort Myers, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Brian King 9391 Aviano Drive Fort Myers, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  **Jerry Uhrmacher** 4-7-06 239-451-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date