


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90076 032 ****61.25

DOCUMENT # N03000010813					
1. Entity Name TREVISO PROPERTY OWNERS ASSOCIATION OF LEE COUNTY, INC.					
Principal Place of Business 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919			Mailing Address 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BOB GELLES C/O SCHOO MANAGEMENT 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UHRMACHER, JERRY		NAME		
STREET ADDRESS	9351 AVIANO DR.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33913		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, EMILY		NAME	John Nash	
STREET ADDRESS	9200 AVIANO DR.		STREET ADDRESS	9349 Aviano Drive	
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP	Fe. Myers, FL 33913	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERSCHKY, BOB		NAME	Brian King	
STREET ADDRESS	9305 AVIANO DR		STREET ADDRESS	9391 Aviano Dr.	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	Fe. Myers, FL 33913	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAW, BLAIR		NAME	Blair Law	
STREET ADDRESS	9341 AVIANO DR		STREET ADDRESS	9341 Aviano Drive	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	Fe. Myers, FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, BRIAN		NAME	Roger White	
STREET ADDRESS	9391 AVIANO DR		STREET ADDRESS	9319 Aviano Drive	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	Fe. Myers, FL 33913	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Blair Law</i>			5 APR '07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

40062643



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
52-2439425

Applied For
Not Applicable

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