

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90108 048 ****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		4. FEI Number 52-2439425	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME UHRMACHER, JERRY STREET ADDRESS 9351 AVIANO DR. CITY-STATE-ZIP FT. MYERS, FL 33913	<input type="checkbox"/> Delete				
TITLE D NAME NASH, JOHN STREET ADDRESS 9349 AVIANO DR CITY-STATE-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete				
TITLE ST NAME KING, BRIAN STREET ADDRESS 9391 AVIANO DR CITY-STATE-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete				
TITLE VD NAME LAW, BLAIR STREET ADDRESS 9341 AVIANO DR CITY-STATE-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete				
TITLE D NAME WHITE, ROGER STREET ADDRESS 9319 AVIANO DR CITY-STATE-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete				
TITLE D NAME NASH, JOHN STREET ADDRESS 9349 AVIANO DR CITY-STATE-ZIP FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE ST NAME KING, BRIAN STREET ADDRESS 9391 AVIANO DR CITY-STATE-ZIP FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VD NAME LAW, BLAIR STREET ADDRESS 9341 AVIANO DR CITY-STATE-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE VD NAME LAW, BLAIR STREET ADDRESS 9341 AVIANO DR CITY-STATE-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME WHITE, ROGER STREET ADDRESS 9319 AVIANO DR CITY-STATE-ZIP FORT MYERS, FL 33913	<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: <u>Blair Law</u> BLAIR LAW <u>4/17/08</u> <u>239-481-4700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					