

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010813

FILED
Mar 10, 2009
Secretary of State

Entity Name: TREVISO PROPERTY OWNERS ASSOCIATION OF LEE COUNTY, INC.

Current Principal Place of Business:

9411 CYPRESS LAKE DR
SUITE 2
FORT MYERS, FL 33919

New Principal Place of Business:

C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

Current Mailing Address:

9411 CYPRESS LAKE DR
SUITE 2
FORT MYERS, FL 33919

New Mailing Address:

C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

FEI Number: 52-2439425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOB GELLES C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919 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: PD () Delete
Name: UHRMACHER, JERRY
Address: 9351 AVIANO DR.
City-St-Zip: FT. MYERS, FL 33913

Title: D () Delete
Name: NASH, JOHN
Address: 9349 AVIANO DR
City-St-Zip: FORT MYERS, FL 33913

Title: ST () Delete
Name: KING, BRIAN
Address: 9391 AVIANO DR.
City-St-Zip: FORT MYERS, FL 33913

Title: VD () Delete
Name: LAW, BLAIR
Address: 9341 AVIANO DR
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: WHITE, ROGER
Address: 9319 AVIANO DR
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: LAW, BLAIR
Address: 9341 AVIANO DR
City-St-Zip: FORT MYERS, FL 33913

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: ROBERT E GELLES

CAM

03/10/2009

Electronic Signature of Signing Officer or Director

Date