2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000006802

TREVI PROPERTY OWNERS ASSOCIATION, INC.



Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90021 041 ****61.25

FILED

Principal Place of Business
12121 VIA DEL FONTANA WAY
FT MYERS, FL 33919

Principal Place of Business 12121 VIA DEL FONTANA WAY FT MYERS, FL 33919		Mailing Address 12121 VIA DEL FONTANA WAY FT MYERS, FL 33919		: · 1/00/11/01/01/01/01/01	11811 8011 8512 8811 8810 8810 8	1181 (EH) 88118 H	HIJI 8) (TB)	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122008 Ch	ng-NP CR2E00	37 (12/06)	•	
City & State		City & State		4. FEI Number 20-206526	8	h	plied For t Applicable	
Zip	Country Zip		Country	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
1625 HEN	R, GEORGE L JR. DRY ST STE 301 S, FL 33901		Street Add	dress (P.O. Box Number is f	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								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signature	required when reinstating)	DATE			
Filing Fee is \$61.25 Due by May 1, 2008		4	Election Campaign Financing Trust Fund Contribution.		Make chec Florida Depar			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGI	ES TO OFFICERS AND DI	RECTORS IN	10	
TITLE	PD	⊠ Delete	TITLE	20		Change	Addition	
NAME	NORRIS, LARRY T	•	NAME T	homas G. Run	don ,		_	
STREET ADDRESS	6914 OLD WHISKEY CREEK DR		STREET ADDRESS	Thomas G. Runyon 12121 Via Del Fontana Way				
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP	Fort Myers, 1	Florida 3391	9		
TITLE	D	⊠ Delete		'	101 1000 - 0 11			
NAME	NORRIS, RENEE		TITLE 18/	(4T)			L' Addition	
STREET ADDRESS	· ·		TITLE 18/	(4T)		Change	Addition	
	· '		TITLE 18/	(4T)			Addition	
CITY-ST-ZIP	6914 OLD WHISKEY CREEK DR FT MYERS, FL 33919		NAME ID STREET ADDRESS	15D Debra Ragin Jes 2130 Via Fonto	sup ana Way		Addition	
CITY-ST-ZIP	6914 OLD WHISKEY CREEK DR		NAME STREET ADDRESS CITY-ST-ZIP	isD Debra Ragin Jes 2130 Via Fonto Fort-Myers , Flo	sup ana Way	∑ Change		
CITY-ST-ZIP	6914 OLD WHISKEY CREEK DR FT MYERS, FL 33919 D		NAME ID STREET ADDRESS CITY-ST-ZIP	15D Debra Ragin Jes 2130 Via Fonto Fort-Myers , Flu ID	sup zna Way wida 33919		Addition	
CITY-ST-ZIP	6914 OLD WHISKEY CREEK DR FT MYERS, FL 33919	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ISD Debra Ragin Jes a130 Via Fonte Fort-Myers, Flu TD	sup zna Way wida 33919 h	∑ Change		
CITY-ST-ZIP TITLE NAME	6914 OLD WHISKEY CREEK DR FT MYERS, FL 33919 D BAUM, HERBERT	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS A STREET ADDRESS A A A A A A A A A A A A A A A A A A	15D Debra Ragin Jes 2130 Via Fonto Foct-Myers , Fla TD Indrew L. Smit 1664 Junvale Ca	sup una Way wida 33919 h	∑ Change		
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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 of trustee empowered be 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:

March 13, 2008 239-313-5279