

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90132 021 ****61.25

DOCUMENT # N06000004731

1. Entity Name
VILLA DI TREVISO HOMEOWNERS ASSOCIATION, INC



Principal Place of Business
**6625 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572**

Mailing Address
**6625 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572**



03272008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-5656215

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TILLMAN, THOMAS M SR.
6625 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP**
NAME **TILLMAN, THOMAS M SR.**
STREET ADDRESS **6625 DOLPHIN COVE DRIVE**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE **VP**
NAME **ARENAS, ANTHONY S**
STREET ADDRESS **1614 MAGDALENE MANOR DRIVE**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **S.T**
NAME **TILLMAN, PHYLLIS M**
STREET ADDRESS **6625 DOLPHIN COVE DRIVE**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE **President**
NAME **Elaine Wise**
STREET ADDRESS **P.O. Box 76083**
CITY-ST-ZIP **St. Petersburg, FL 33734**

TITLE **President**
NAME **Elaine Wise**
STREET ADDRESS **P.O. Box 76083**
CITY-ST-ZIP **St. Petersburg, FL 33734**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08 813-230-2111
Date Daytime Phone #