2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N06000004731

Entity Name: VILLA DI TREVISO HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

6625 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

6625 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 20-5656215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILLMAN, THOMAS M SR.
6625 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572 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: VP ( ) Delete
Name: TILLMAN, THOMAS M SR.
Address: 6625 DOLPHIN COVE DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP ( ) Delete
Name: ARENAS, ANTHONY S
Address: 1614 MAGDALENE MANOR DRIVE
City-St-Zip: TAMPA, FL 33613

Title: S,T ( ) Delete
Name: TILLMAN, PHYLLIS M
Address: 6625 DOLPHIN COVE DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: P ( ) Delete
Name: WISE, ELAINE
Address: POST OFFICE BOX 76083
City-St-Zip: SAINT PETERSBURG, FL 33734

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: ( ) 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: THOMAS M TILLMAN VP 04/14/2009

Electronic Signature of Signing Officer or Director — Date