	• PLEASE READ	ALL INST	RUCTIONS	BEFORE O	COMPLET	ING THIS FORM.	
	PLICATION FOR ISTATEMENT	FLORID	A DEPARTMEI Sandra B. Mor Secretary of S VISION OF CORPOR	NT OF STATE tham State		ALCO NO.	CILCO MILLI
1. Corpora	UMENT # ntion Name Trevi Homeon N94 60000	vners A	Address	25—90 on, Inc.		MASSICAL TO ONE	411.61
_	13502 Westshir Tampa, Fl. 33	re Driv 518	e	·	, <u>, , , , , , , , , , , , , , , , , , </u>	500002960 -08/16/990 ****481.00	1007U19 ****481.00
	ddresses are incorrect in any way, line thro ncipal Office Address, If Applicable		ng Address, if Applicable		DO NOT WRITE IN THIS SPACE 4. Date incorporated or Qualified To Do Business in Florida		
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				Applied For
City & State	9	City & State	-		59-:	3524640	Not Applicable
Zlp	Country	Zip	Country	′		E OF STATUS DESIRED []	dit in the Removement of Content of the Charles
7. Names i	and Street Addresses of Each Officer and/o	r Director (Flor					
Title(s)	Name of Officers and/or Directors 2		Sin Off 3 (Do NOT Us	set Address of Each lost and/or Director se Post Office Box N	iumbers)	City / State /	Zip
D/P	Bernard Gaydos		13502	Westshi	re Dr.	Tampa, Fl.	
D/VP	Jefferson Craft		13519	Westshi	re Dr.	Tampa, Fl.	
.D/	Norman Raymer		13508	Westshi	re Dr.	Tampa, Fl.	
D	Stephen Brewer		13509 Westshin		re Dr.	Tampa, Fl.	
D	Angel Del Monte		13519 Westshir		re Dr.	Tampa, Fl.	·
	Name and Address of Court D			r	9. Name and	Advisors of New Registered Aper	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered A Name						ACCOUNT TO THE PARTY OF THE PAR	
	Lou Ellen Wilson 526 Manatee Drive		Street Address (P.O. Box Number is Not Acceptable)				
	Ruskin, Fl. 33570	Suite, Apt. #, Etc.					
				City		State Z	p Code
10. I, being Signature of Registered	Agent	. c.	ration, am familiar wit	th and accept the ol	bligations of Sect	ion 607.0505, F.S. Date	9, 1999
11. Do	pes this corporation pay a ppt. of Revenue under S.	ny intang 199.032,	ible tax to th Florida Statu	e utes. Yes	□ No [(See other side for on intangible	
lease the certify the this rein fees ow under o	144-6	r of non-complie er or trustee en lution has beer	ance with Section 11% appowered to execute a eliminated, the com- dicated on this appli	this application as	provided for in ciss the requirement of the requirement occurate, and my	habor supplies a deemed exempt habor 607 or 617, F.S. I further or nts of section 607,0401 or 617,041 signature shall have the same let	ertify that when filing
SIGNAT	URE: NOW TURE OUT TYPED OR PRIN	TED NAME OF S	IGNING OFFICER OR			Bate Day	Phone #



Katherine Harris
Secretary of State

August 6, 1999

TREVI HOMEOWNERS ASSOCIATION, INC. C/O UCC FILING & SEARCH SERVICES TALLAHASSEE, FL

SUBJECT: TREVI HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N9400005494

We have received your document for TREVI HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$481.00. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Letter Number: 699A00039933

Trevor Brumbley Document Specialist



Ordered By:

Date:

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, FL 32301 (850) 681-6528

HOLD

FOR PICKUP BY UCC SERVICES

OFFICE USE ONLY (Document #)

750686

		File lst
] Walk In	Pick Up Time	Certified Copy
] Mail Out		Certificate of Status .
] Will Wait		Certificate of Good Standing
Photocopy		ARTICLES ONLY
		ALL CHARTER DOCS
NEW FILINGS *** Profit	AMENDMENTS Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Certificate of FICTITIOUS NAME
OTHER FILINGSIE		CORP SEARCH
Annual Report Fictious Name	Foreign Limited Fartnership	
Name Reservation	Reinstatement Trademark Other	