

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90015 033 ****61.25

DOCUMENT # N94000005494

1. Entity Name

TREVI HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**13502 WESTSHIRE DRIVE
 TAMPA FL 33618**

**13502 WESTSHIRE DRIVE
 TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ruskin, FL.

4. FEI Number

59-3524640

Applied For

Not Applicable

Zip

Country

Zip

Country

33570

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, LOU ELLEN
 409 E COLLEGE AVENUE
 RUSKIN FL 33570**

Name

Street Address (P.O. Box Number is 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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **GAYDOS, BERNARD**
 STREET ADDRESS **13502 WESTSHIRE DR.**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** Delete
 NAME **CRAFT, JEFFERSON**
 STREET ADDRESS **13519 WESTSHIRE DR.**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D/T** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RAYMER, NORMAN**
 STREET ADDRESS **13508 WESTSHIRE DR.**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D/P RICA PIPE** Change Addition
 NAME
 STREET ADDRESS **13514 WESTSHIRE DR.**
 CITY-ST-ZIP **TAMPA, FL. 33618**

TITLE **D** Delete
 NAME **BREWER, STEPHEN**
 STREET ADDRESS **13509 WESTSHIRE DR.**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D/P JOHN RENISCO** Change Addition
 NAME
 STREET ADDRESS **19512 WESTSHIRE DR.**
 CITY-ST-ZIP **TAMPA, FL. 33618**

TITLE **D** Delete
 NAME **DEL MONTE, ANGEL**
 STREET ADDRESS **13519 WESTSHIRE DR.**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D/WP Glenn EMERSON** Change Addition
 NAME
 STREET ADDRESS **13507 WESTSHIRE DR.**
 CITY-ST-ZIP **TAMPA, FL. 33618**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

1/23/02

813/645-1569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)