

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90195 036 ****61.25

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02052008 Chg-NP CR2E037 (12/06)

DOCUMENT # N94000005494					
1. Entity Name TREVI HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13502 WESTSHIRE DRIVE TAMPA, FL 33618			Mailing Address P O BOX 1058 RUSKIN, FL 33575 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT, JEFFERSON		NAME		
STREET ADDRESS	13511 WESTSHIRE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTS, MARC		NAME		
STREET ADDRESS	13512 WESTSHIRE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, ERIC		NAME		
STREET ADDRESS	13529 WESTHIRE DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, JEFF		NAME		
STREET ADDRESS	13530 WESTSHIRE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	NORM RAYMER	
STREET ADDRESS			STREET ADDRESS	13508 WESTSHIRE DR.	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Delete	TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOHN WEICHMULLER	
STREET ADDRESS			STREET ADDRESS	13502 WESTSHIRE DR.	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33618	
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:			Date: 4/22/08		Daytime Phone #: (813) 645-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					