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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000658

1. Corporation Name

TREYMORE COMMUNITY ASSOCIATION, INC.

Principal Place of Business
7120 SOUTH BENEVA ROAD
SARASOTA FL 34238

Mailing Address
7120 SOUTH BENEVA ROAD
SARASOTA FL 34238



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 02/04/1998 4. FEI Number 65-0814379 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

SPENCER, MARC I
C/O CHERRY & SPENCER, P.A.
1665 PALM BEACH LAKES BLVD., SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **Peshkin, John R.**
82 Street Address (P.O. Box Number is Not Acceptable)
7120 S. Beneva Rd
83
84 City **Sarasota** FL 85 Zip Code **34238**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John R. Peshkin

4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D/P ☐ Change ☒ Addition
NAME	MILLER, MICHAEL T	1.2 NAME	
STREET ADDRESS	7120 SOUTH BENEVA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	D/NP/T ☐ Change ☒ Addition
NAME	IVIN, DAVID	2.2 NAME	
STREET ADDRESS	7120 SOUTH BENEVA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	2.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	D/S ☐ Change ☒ Addition
NAME	WATSON, BRIAN	3.2 NAME	Bakan, Steven
STREET ADDRESS	7120 SOUTH BENEVA ROAD	3.3 STREET ADDRESS	7120 S. Beneva Rd
CITY-ST-ZIP	SARASOTA FL 34238	3.4 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (94)927-0999

Date

Daytime Phone #

CR2E037 (1/1/98)