

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90672 041 ****61.25

DOCUMENT # N98000000658

1. Entity Name
TREYMORE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202 US**

Mailing Address
**9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202 US**

94050516



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0814379

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADVANCED MANAGEMENT OF SW FLORIDA, INC.
9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☒ Delete
NAME CARTER, ALPHOSE
STREET ADDRESS 4835 CARRINGTON CIR.
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME HOCLROTH, ALAN
STREET ADDRESS 4852 CARRINGTON CIR.
CITY-ST-ZIP SARASOTA, FL 34243

TITLE PD ☒ Change ☐ Addition
NAME ALAN HOCHROTH
STREET ADDRESS 4852 Carrington Cir
CITY-ST-ZIP sarasota FL 34243

TITLE VPD ☐ Delete
NAME MISIURA, WILLIAM
STREET ADDRESS 4894 CARRINGTON CIR.
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME GRAHAM, THOMAS
STREET ADDRESS 7044 TREMORE COURT
CITY-ST-ZIP SARASOTA, FL 34243

TITLE TD ☐ Change ☒ Addition
NAME Martin Meade
STREET ADDRESS 6926 Treymore Court
CITY-ST-ZIP sarasota FL 34243

TITLE SD ☐ Delete
NAME GOODMAN, DONALD
STREET ADDRESS 4843 CARRINGTON CIR.
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

M Martin Meade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 (941) 355-2524
Date Daytime Phone #