FILED Mar 15, 2005 8:00 am Secretary of State

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### Melion Activises ### SADENTON, FL 34202 US ### SADENTON, FL 34202	DOCUMENT # N9800000658 1. Entity Name TREYMORE COMMUNITY ASSOCIATION, INC.								03-15-2005	90038 ()20 ****6	1.25	
Suite, Apil #, etc. Suite, Apil #, etc. Suite, Apil #, etc. Country CapeCody Chy & State	9031 TOWN CENTER PARKWAY			9031 TOWN CENTER PARKWAY			50026731						
City & State City & State City & State Country City & State Country City & State Country City Cit	Principal Place of Business 3. Mailing Address												
Section Sect	Suite, Apt. #, etc.				Suite, Apt. #, etc.			02012005 _C	Chg-NP	CR2E0	37 (10/03)		
S. Certhicate of Status Desired Fee Required Fe	City & State			City & State					79				
ADVANCED MANAGEMENT OF SW FLORIDA, INC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 City FL Zip Code 6. 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 FILING Fee Is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. FILING See Is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHAN	Zip		• •				intry		<u> </u>			Fee Require	
ADVANCED MANAGEMENT OF SW FLORIDA, INC. 9031 TOWN, CENTER PARKWAY BRADENTON, FL 34202 City		6. Name a	and Address of Current	Register	ad Agent		Nome		7. Name and Ad	dress of New R	legistered	Agent	
Signature Signature Special Address Speci	ADVANCE	D MANAG	EMENT OF SW FLO	ORIDA.	INC.		Name						1
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. SKINATURE SPENING For its Selection of prince control of general agent and the if appealance. POTTE Repealance Agent systems required when required when remaining. POTTE Repealance Agent systems required when remaining. POTTE Repealance Agent systems required when remaining. POTTE POTTE Repealance Agent systems required when remaining. POTTE POTTE Repealance Agent systems required when remaining. POTTE Repealance Agent systems required agent and state of registered agent, or both, in the State of Florida. I am familiar with, and accept the control of Florida Department of State Florida Department of	9031 TOW	VN CENTER	R PARKWAY	,,,,			Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature State							City				FL	Zip Code	•
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Trust Fund Contribution. Added to Fees Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PO		Signature, typed o	r primed name of registered agent i	and tre rap	picable. (NOTE	: regerere	d Agent signat	rure required	when renstating)		DATE	·	
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