

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-15-2005 90038 020 ****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**

50026731



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0814379

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2005**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **HOCLOTH, ALAN**
CITY-ST-ZIP **4852 CARRINGTON CIR.
SARASOTA, FL 34243**

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

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

TITLE ☐ Change ☒ Addition
NAME **VPD**
STREET ADDRESS **Jeff Jones**
CITY-ST-ZIP **4863 Carrington Cir
Sarasota FL 34243**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **MEADE, MARTIN**
CITY-ST-ZIP **6926 TREMORE COURT
SARASOTA, FL 34243**

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **Phil Leone**
CITY-ST-ZIP **7227 Treymore Court
Sarasota FL 34243**

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **GOODMAND, DONALD**
CITY-ST-ZIP **4843 CARRINGTON CIR.
SARASOTA, FL 34243**

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **Diane Celeste**
CITY-ST-ZIP **7061 Treymore Court
Sarasota, FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/05

Date

941-360-6518

Daytime Phone #