

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90167 017 ****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**

\$611 50001710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222006 Chg-NP CR2E037 (11/05)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE PD ☐ Change ☒ Addition
NAME NANCY OLDER
STREET ADDRESS 7111 Treymore Ct
CITY-ST-ZIP Sarasota FL 34243

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

TITLE D ☐ Change ☒ Addition
NAME Walter Kruse
STREET ADDRESS 7069 Treymore Ct.
CITY-ST-ZIP Sarasota FL 34243

TITLE VD ☐ Delete
NAME JONES, JEFF
STREET ADDRESS 4803 CARRINGTON CIR
CITY-ST-ZIP SARASOTA, FL 34243

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

TITLE TD ☒ Delete
NAME LEONE, PHIL
STREET ADDRESS 7227 TREEMORE COURT
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☒ Addition
NAME Julie Zollner
STREET ADDRESS 7067 Treymore Court
CITY-ST-ZIP Sarasota FL 34243

TITLE SD ☐ Delete
NAME CALESTE, DIANE
STREET ADDRESS 7061 TREEMORE COURT
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☒ Change ☐ Addition
NAME Diane Celeste
STREET ADDRESS 7061 Treymore Ct
CITY-ST-ZIP Sarasota FL 34243

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 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:

Judith M Zollner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06 (941)
Date Daytime Phone