

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90012 013 ****61.25

DOCUMENT # N98000000658
 1. Entity Name
TREYMORE COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
 9031 TOWN CENTER PARKWAY BRADENTON FL 34202 US
 9031 TOWN CENTER PARKWAY BRADENTON FL 34202 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3053 51st Street **P.O. Box 50985**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

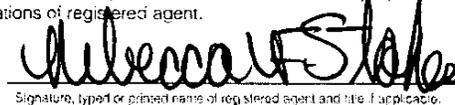
1st MOORE CR2E037 (10/07)

City & State City & State
Sarasota FL **Sarasota, FL**
 Zip Country Zip Country
34234 USA **34232 USA**

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

7. Name and Address of New Registered Agent
 Name **Stokes Property Management**
 Street Address (City, County, State, Zip Code is Not Acceptable)
Rebecca Stokes
3053 51st Street
 City **Sarasota** **FL** Zip Code **34234**

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  **Rebecca F. Stokes** **3/28/08**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLDER, NANCY	
STREET ADDRESS	7111 TREYMORE CT	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, PATRICIA	
STREET ADDRESS	4847 CARRINGTON CIR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, JEFF	
STREET ADDRESS	4803 CARRINGTON CIR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZOELLNER, JULIE	
STREET ADDRESS	7067 TREYMORE CT	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALESTE, DIANE	
STREET ADDRESS	7061 TREYMORE CT	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:  **Nancy Older, Pres. 3/28/08 941-355-4880**