2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N98000000658

Entity Name: TREYMORE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3053 51ST STREET
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50985
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 65-0814379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOKES PROPERTY MANAGEMENT
REBECCA STOKES
3053 51ST STREET
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OLDER, NANCY
Address: 7111 TREYMORE CT
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: WRIGHT, PATRICIA
Address: 4847 CARRINGTON CIR
City-St-Zip: SARASOTA, FL 34243

Title: VD ( ) Delete
Name: JONES, JEFF
Address: 4803 CARRINGTON CIR
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete
Name: ZOELLNER, JULIE
Address: 7067 TREYMORE CT
City-St-Zip: SARASOTA, FL 34243

Title: SD ( ) Delete
Name: CALESTE, DIANE
Address: 7061 TREYMORE CT
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WRIGHT, PAT
Address: 4847 CARRINGTON CIR
City-St-Zip: SARASOTA, FL 34243

Title: SD (X) Change ( ) Addition
Name: LARSON, GERALD
Address: 4709 CARRINGTON CIR
City-St-Zip: SARASOTA, FL 34243

Title: VD (X) Change ( ) Addition
Name: JONES, JEFF
Address: 4863 CARRINGTON CIR
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HOROWITZ, MOSHE
Address: 4811 CARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE ZOELLNER TD 04/08/2009

Electronic Signature of Signing Officer or Director — Date