2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

BRADENTON FL 34202

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

9031 TOWN CENTER PARKWAY

DOCUMENT # N9800000658

Country

ADVANCED MANAGEMENT OF SW FLORIDA, INC.

9031 TOWN CENTER PARKWAY

the obligations of registered agent.

BRADENTON FL 34202

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1. Entity Name

Principal Place of Business

BRADENTON FL 34202

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SIGNATURE

9031 TOWN CENTER PARKWAY

2. Principal Place of Business

TREYMORE COMMUNITY ASSOCIATION, INC.



Country

Name

City

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

Street Add

(NOTE: Registered Agent signature required when reinstating)

FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90245 003 ****61.25

	☐ CHECK HERE IF M	1AKIN	G CHAI	NGES
4.	4. FEI Number 65-0814379		ŀ	Applied For
			Ī	Not Applicable
5.	Certificate of Status Desired [5 Additional equired
7.	Name and Address of New Regis	tered	Agent	
/O O	Box Number is Not Acceptable)		· · · · ·	 .

Zip Code

DATE

3-2/-03

9. Election Campaign Financing Make Check Pavable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE Addition Change alchouse Cartes NAME MILLER, MICHAEL T NAME 8430 ENTERPRISES CIRCLE SOUTH 100 4835 Carrington Cir STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 1. Hockroth BAKAN, STEVEN A NAME NAME 4852 Carrington Cin STREET ADDRESS 8430 ENTERPRISES CIRCLE SOUTH 100 -> STREET ADDRESS Suarola #2 34243 CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP **UPD** TITLE Delete TITLE ☐ Change Addition Minura MARTINELLO, C. MICHAEL NAME NAME 4891 Carrington Ci 8430 ENTERPRISES CIRCLE SOUTH 100 STREET ADDRESS STREET ADDRESS Sararota Ll 84243 CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TITLE Delete TITLE Change **Addition** Thomas Crraham NAME NAME 7044 Treemore Court Sorarota 42343 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change **■**Addition Sonald Good NAME NAME STREET ADDRESS 4843 Can STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.