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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004474

1. Corporation Name

TREV HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

13502 WESTSHIRE DRIVE
TAMPA FL 33618

Mailing Address

13502 WESTSHIRE DRIVE
TAMPA FL 33618

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/04/1998

4. FEI Number

59-3524640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GAYDOS, BERNARD J
13502 WESTSHIRE DRIVE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/23/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME Bernard Gaydos
 STREET ADDRESS 13502 WESTSHIRE DR.
 CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ DELETE
 NAME Steve Brewer
 STREET ADDRESS 13509 WESTSHIRE DR.
 CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ DELETE
 NAME Norman Raymore
 STREET ADDRESS 13508 WESTSHIRE DR.
 CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ DELETE
 NAME Angela Delmonte
 STREET ADDRESS 13519 WESTSHIRE DR.
 CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature: Bernard Gaydos, President 4/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #