

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 09, 2009  
Secretary of State**

DOCUMENT# N05000001820

**Entity Name:** THE TRELIS AT BAYSHORE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

C/O CAPITAL MANAGEMENT LLC  
12248 SW 127TH AVE.  
MIAMI, FL 33186

**Current Mailing Address:**

**New Mailing Address:**

C/O CAPITAL MANAGEMENT LLC  
12248 SW 127TH AVE.  
MIAMI, FL 33186

**FEI Number:** 20-2713902      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ASSOCIATION LAW GROUP, P.L.  
1666 KENNEDY CAUSEWAY  
STE 305  
NORTH BAY VILLAGE, FL 33141 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: FERNANDEZ, MARTHA  
Address: 12448 SW 127TH AVENUE  
City-St-Zip: MIAMI, FL 33186

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

Title: DV      ( ) Delete  
Name: SPANO, KIMBERLY  
Address: 12448 SW 127TH AVENUE  
City-St-Zip: MIAMI, FL 33186

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

Title: DST      ( ) Delete  
Name: GARCIA, GENE  
Address: 12448 SW 127TH AVENUE  
City-St-Zip: MIAMI, FL 33186

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

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: KIMBERLY SPANO

DV

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date