

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 20, 2009
Secretary of State**

DOCUMENT# N05000001820

Entity Name: THE TRELIS AT BAYSHORE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O CAPITAL MANAGEMENT LLC
12448 SW 127TH AVE.
MIAMI, FL 33186**New Principal Place of Business:****Current Mailing Address:**C/O CAPITAL MANAGEMENT LLC
12448 SW 127TH AVE.
MIAMI, FL 33186**New Mailing Address:**

FEI Number: 20-2713902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ASSOCIATION LAW GROUP, P.L.
1666 KENNEDY CAUSEWAY
STE 305
NORTH BAY VILLAGE, FL 33141 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: DP () Delete
Name: FERNANDEZ, MARTHA
Address: 12448 SW 127TH AVENUE
City-St-Zip: MIAMI, FL 33186Title: DV () Delete
Name: FONTE, OMAR
Address: 12448 SW 127TH AVENUE
City-St-Zip: MIAMI, FL 33186Title: DST () Delete
Name: GARCIA, GENE
Address: 12448 SW 127TH AVENUE
City-St-Zip: MIAMI, FL 33186Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: TORRES, INES
Address: 12448 SW 127TH AVENUE
City-St-Zip: MIAMI, FL 33186

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: MARTHA FERNANDEZ

DP

10/20/2009

Electronic Signature of Signing Officer or Director

Date