

FILED

May 06 1997 8:00am
Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1986 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 763967 1. Corporation Name TREE LAKES ASSOCIATION, INC.		(7)	
Principal Place of Business 2215 73RD ST. E. PALMETTO FL 34221		Mailing Address 2215 73RD ST. E. PALMETTO FL 34221	
2. Principal Place of Business 21 Suite, Apt. #, etc.		24. Mailing Address 24 Suite, Apt. #, etc.	
22 City & State 22 Zip Country		26 City & State 26 Zip Country	
23 City & State 23 Zip Country		27 City & State 27 Zip Country	
24 Zip Country		29 Zip Country	
9. Name and Address of Current Registered Agent WRIGHT, EDNA C. 2215 73RD ST. EAST OFFICE PALMETTO FL 34221		10. Name and Address of New Registered Agent	
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		8. Date Incorporated or Qualified 06/30/1982	
4. FEI Number 65-0015574		9. Date of Last Report 11/30/94	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each 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 title (optional) NOTE: Registered Agent signature required when reappointing DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, JEANETTE 2215 73RD STE #118 PALMETTO, FL.	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Treasurer TD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEECE, GLENN 2215 73RD, STE. 67 PALMETTO FL 34221	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President VPD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACH, FLORENCE 2215 73R STE #233 PALMETTO FL 34221	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Director 600002179216 -05/15/97--01005--010 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELMAN, DONALD 2215 73RD, STREET EAST #190 PALMETTO FL 34221	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWORSCHAK, JOAN 2215 73RD, STE. 111 PALMETTO FL 34221	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Tom Luck Director 2215-73RD STE #3 Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACOBS, LYLE 2215 73RD, STE. 215 PALMETTO FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	President Lyle Jacobs

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE: *Tom Luck*

Date 4-30-97