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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

DOCUMENT # 763967

1. Corporation Name
TREE LAKES ASSOCIATION, INC.

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		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0015574	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WRIGHT, EDNA C. 2215 73RD ST. EAST OFFICE PALMETTO FL 34221				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEWIS, JEANETTE			1.2 NAME	Larry Roberts		
STREET ADDRESS	2215 73RD STE #116			1.3 STREET ADDRESS	2215 73rd ST # 64		
CITY-ST-ZIP	PALMETTO, FL			1.4 CITY-ST-ZIP	Palmetto, FL		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Charlie Flickinger	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPEECE, GLENN			2.2 NAME	2215 - 73rd ST # 21		
STREET ADDRESS	2215 73RD, STE. 67			2.3 STREET ADDRESS	Palmetto, FL		
CITY-ST-ZIP	PALMETTO FL 34221			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACH, FLORENCE			3.2 NAME			
STREET ADDRESS	2215 73R STE #233			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Flu Drummheller	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCELMAN, DONALD			4.2 NAME	2215 73rd ST # 201		
STREET ADDRESS	2215 73RD, STREET EAST #190			4.3 STREET ADDRESS	Palmetto, FL		
CITY-ST-ZIP	PALMETTO FL 34221			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUSK, TOM			5.2 NAME			
STREET ADDRESS	2215 73RD STE. #3			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			5.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBS, LYLE			6.2 NAME			
STREET ADDRESS	2215 73RD, STE. 215			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			6.4 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: _____ DATE: 1-7-99 DAYTIME PHONE: (941) 723-1787

CR2E037 (11/98)