2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar $0\overline{4}$, $\overline{2004}$ 8:00 am **Secretary of State** DOCUMENT # N02000005720 1. Entity Name 03-04-2004 90005 039 ****61.25 TREETOP TERRACE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2451 LA-LAR LANE PENSACOLA FL 32534 2451 LA-LAR LANE PENSACOLA FL 32534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 42-1593994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEEDHAM, JOHN T 2451 LA-LAR LANE PENSACOLA FL 32534 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change Delete ☐ Addition ICK POWERS JOHNSON, J.C. NAME NAME 695 HWY 196 401 LALAR LANE. STREET ADDRESS STREET ADDRESS MOLINO FL 32577 NSACOLA FL 32534 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition BRIAN GUTTMAN NEEDHAM, JOHN 395 HA-LARHANE 2451 LA-LAR LANE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32504 ISACOLA FL 22 CITY-ST-7IP CITY-ST-ZIP TITLE Delete RISTINE MCCARRAGHE LOCKLIN, JACK JR NAME 6460 JUSTINE AVE STREET ADDRESS STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 diustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, girth all other like empowered.

FILED