


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90003 040 \*\*\*\*70.00

<b>DOCUMENT # N05000005211</b>	
1. Entity Name TREETOP COMMUNITY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 348 ENTERPRISE DRIVE VALDOSTA, GA 31601	Mailing Address 348 ENTERPRISE DRIVE VALDOSTA, GA 31601
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2. Principal Place of Business - No P.O. Box # 7 TOWN CENTER LOOP Suite, Apt. #, etc. SUITE C16	3. Mailing Address POST OFFICE BOX 1247 Suite, Apt. #, etc.
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City & State SANTA ROSA BEACH FL	City & State SANTA ROSA BEACH FL
Zip 32459	Country WALTON

40028433



02062008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIPMAN, GARY A 1414 CO. HWY 283 SOUTH, SUITE B SANTA ROSA BEACH, FL 32459	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, JOHN 348 ENTERPRISE DRIVE VALDOSTA, GA 31601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEVANE, STEVE 348 ENTERPRISE DRIVE VALDOSTA, GA 31601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Constance R. Long 2/6/08 8502678458  
Date Daytime Phone #

Assoc. Mgr. / Agent for TFC Owners' Assoc.