

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005211

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** TREETOP COMMUNITY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7 TOWNCENTER LOOP  
SUITE C16  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1247  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 20-2864126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHIPMAN, GARY A  
1414 CO. HWY 283 SOUTH, SUITE B  
SANTA ROSA BEACH, FL 32459 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:** D  
**Name:** BENNETT, JOHN  
**Address:** 348 ENTERPRISE DRIVE  
**City-St-Zip:** VALDOSTA, GA 31601

**Title:** STD  
**Name:** SEAGLE, TODD  
**Address:** 238 SCENIC GULF DRIVE  
**City-St-Zip:** MIRAMAR BEACH, FL 32550

**Title:** D  
**Name:** SASSANO, RON  
**Address:** 50 SURF SONG LANE, #101  
**City-St-Zip:** MIRAMAR BEACH, FL 32550

**Title:** PD  
**Name:** WOOLLEY, PETER  
**Address:** POST OFFICE BOX 611718  
**City-St-Zip:** ROSEMARY BEACH, FL 32461

**Title:** VD  
**Name:** HETRICK, DAVID  
**Address:** 309 S. BONITA AVENUE  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** D  
**Name:** SMITH, BILL  
**Address:** 42 BUSINESS CENTRE DRIVE, SUITE 106  
**City-St-Zip:** MIRAMAR BEACH, FL 32550

I hereby 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 all other like empowered.

**SIGNATURE:** PETER WOOLLEY

PD

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date