

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30201

1. Corporation Name

THE TREETOPS AT NORTH FORTY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

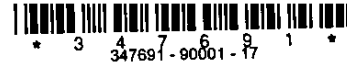
2055 WOOD ST
#202
SARASOTA FL 34237
US

Mailing Address

2055 WOOD ST
#202
SARASOTA FL 34237
US

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90001 017 ****61.25



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/17/1989

4. FEI Number

65-0108730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PROPERTY & ACCOUNTING MGT INC
2055 WOOD ST
STE 202
SARASOTA FL 34237

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME SCARAMUZZINO, ANTHONY
STREET ADDRESS 7810 ONTARIO ST CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE D ☒ DELETE
NAME GAY, LEONARD
STREET ADDRESS 7720 GENEVA LANE
CITY-ST-ZIP SARASOTA FL

TITLE PD ☒ DELETE
NAME KNOP, HOWARD
STREET ADDRESS 4206 PLACID DR
CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE
NAME KOENIG, JOHN
STREET ADDRESS 7724 GENEVA LANE
CITY-ST-ZIP SARASOTA FL 34243

TITLE TD ☒ DELETE
NAME THOMAS RUBENDUNST
STREET ADDRESS 4206 ST CLAIR DR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☐ Change ☒ Addition
1.2 NAME Butz, William
1.3 STREET ADDRESS 4228 Placid Drive
1.4 CITY-ST-ZIP Sarasota, FL 34243

2.1 TITLE S/D ☐ Change ☒ Addition
2.2 NAME Etherington, Lisa
2.3 STREET ADDRESS 7815 Geneva Lane
2.4 CITY-ST-ZIP Sarasota, FL 34243

3.1 TITLE T/D ☐ Change ☒ Addition
3.2 NAME Florian, Sheila
3.3 STREET ADDRESS 7803 Ontario St. Circle
3.4 CITY-ST-ZIP Sarasota, FL 34243

4.1 TITLE P/D ☒ Change ☐ Addition
4.2 NAME Koenig, John
4.3 STREET ADDRESS 7724 Geneva Lane
4.4 CITY-ST-ZIP Sarasota, FL 34243

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Currie, John
5.3 STREET ADDRESS 4128 St. Charles Drive
5.4 CITY-ST-ZIP Sarasota, FL 34243

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0057822